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THE BULLETIN

....of....

THE NORTH CAROLINA DENTAL SOCIETY

(Component of the American Dental Association)

CONTAINING THE

PROCEEDINGS

OF THE

SIXTY-SIXTH ANNUAL MEETING

MAY 6, 7, 8, 1940

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PROCEEDINGS

OF THE

NORTH CAROLINA DENTAL SOCIETY

SIXTY-SIXTH ANNUAL SESSION

GENERAL SESSION
MONDAY, MAY 6, 1940

The opening meeting of the Sixty-sixth Annual Session of the North Carolina Dental Society, held at the Hotel Charlotte, Charlotte, North Carolina, convened at ten o'clock, Monday morning, May 6, 1940, Dr. Frank A. Alford, of Charlotte, presiding.

President Alford:

The Sixty-sixth Annual meeting of the North Carolina Dental Society will please come to order. We will stand while we have the Invocation by Dr. C. W. Durden, Pastor of St. John's Baptist Church.

Dr. Durden:

Our Father in Heaven, we are reminded that we should never undertake any great work without first invoking Thy blessings upon it. Now, as these men come together in this presence, we are grateful for the service which they render to our common humanity; our health and our lives are in their hands to a great measure and we pray that they may become more and more efficient and may learn the secrets of those things which work against us and may deliver us from the power of darkness brought on by disease; and as we are grateful for the service which these men render, we are reminded of those who have gone before; some who have been accustomed to meet with us and are not here today; we thank God for the blessed service which they rendered; we miss them and we remember them gratefully, and ask Thee to bless their loved ones. During these sessions may the spirit of brotherly love prevail and may great good come out of these meetings for we ask it in the name of Him who taught us in His name to pray:

The Lord's prayer repeated in unison.

President Alford:

We will now have the Address of Welcome by Hon. Clarence O. Kuester, Executive Manager, Chamber of Commerce, Charlotte, N. C.

Mr. Kuester:

Mr. President, Mr. Secretary, Distinguished Guests, Ladies and Gentlemen:

I appreciate very much the invitation to deliver the address of welcome here this morning, and I prepared one of between twelve and fourteen minutes, but when I arrived at the Hotel and went over this fine program, hurriedly but carefully—I want to congratulate you on this fine program—I am sure you don't want a long speech by the Secretary of the Chamber of Commerce.

It reminds me of an experience I had several years ago. I was invited to a gathering in another city and they came in and told me they wanted me to talk an hour, so I prepared an hour's address. I had delivered it hundreds of times here at home and it was pronounced all right at home. Three minutes after I began to talk, I was quoting the poem, "Alone! Alone!" Some one from the third balcony called down, "Keep on talking down there and you will be alone."

I have had a lot of experience in the last thirty-five years dealing with the public. I have talked to South Carolina clubs, North Carolina clubs, Doctors, Lawyers, Dentists, etc., and I have learned that it doesn't pay to talk too long.

My friends, we, in Charlotte, have been honored by having the Dentists of North Carolina meet with us on this your 66th anniversary. This Society is just two years older than I am. With the years comes experience and I am sure with all the great years of sixty-six, you have a fine wealth of experience, which rebounds to your good.

I am happy, too, because I represent—can I say it, Doctor—I will—100,000 people in Charlotte. Believe it or not! (Laughter) A fellow from Winston-Salem took a bad dig at me the other day. He said, "Look in the cotton patches and turn them loose; they are hiding in the cotton patches in Charlotte." We have got them here just the same.

We are satisfied that the Dentists, their assistants and their wives will be beautifully entertained, socially and otherwise. You have a most cordial, gracious welcome in this city. We, in Charlotte, are not jealous. We could not have a great North Carolina without great towns all over the State. We believe in coöperation 100 per cent. We want to build up—not tear down.

I was in Washington a few days ago and stood in front of a great show window. There I saw a puzzle. I am a fool about puzzles. I went nearer and said, "How about this puzzle? Do you reckon anybody could ever get it together?" The salesman said, "Turn it over and place the man all together the way it belongs; then turn it back and the puzzle is complete." So, I thought, if America would build the man right, we'd have no puzzle in America as to how to get along. We have had a splendid opportunity for the last twenty years. What have we done socially? I am a New Dealer. Don't misunderstand me. I have more

faith in America today, in you and myself and everybody else, than ever before. It's just like this—we asked our Government for help and now we are thinking about how our people are going to pay it back. They fed the new deal to us so fast we haven't been able to digest it.

Another discouraging thing in this country of ours today, Gentlemen, is our youth. When boys and girls undertake to run the schools instead of the principals, there is something wrong. When you have youth conferences talking communism and socialism, it is all wrong. But it is all going to come out right. *I am not afraid of anything but defeatism.* That is what frightens me most as I stand talking to you today. Are we going to emerge from this mess we are in? What about it? I say *we are going to win.* I have got more faith, however, in the youth of America than ever before. They are more intelligent than ever before. The amount of brains and ability they have will save the youth of today. Let us not miss the opportunity to assist the youth all we can.

There are some fine young men in this country and in this town out of work. Three out of ten are highly educated and ready to do things. We have got to harness the young manhood of America. It is your job and mine to harness the young man and harness him in active business. I say without fear of contradiction, we are on the eve of the greatest prosperity America has ever seen—war or no war; politics or no politics.

I go here and yonder and talk in many states. Some people are very optimistic. Some are defeated. We are on the eve of the greatest prosperity this country has ever encountered. Wait and see. In 1940-1950 your country and mine will go further than ever before. A man the other day said something about "the American way." I asked, "What is the American way?" He said, "The American way gives us ideals." Give ideals to every one and then you will get along much better in this world.

Gentlemen, I give you a most cordial welcome. The Declaration of Independence was signed here on May 20, 1775, and may we ever keep America dear and free. God bless America, and may we always have that liberty and freedom that we paid for so dearly with blood, suffering and pain. (Applause)

President Alford:

Thank you, Mr. Kuester.

President Alford:

The Chair will now recognize Dr. Z. L. Edwards who will respond to the address of welcome.

Dr. Edwards:

Mr. President, Members of the North Carolina Dental Society, Ladies and Guests:

In responding to an address of welcome, I am always tempted merely to say, "I thank you," and sit down, because such an expres-

sion of gratitude is usually all inclusive and covers everything. In fact, I made such a response on one occasion and my good friend, the genial and efficient Secretary of this Organization, complimented me afterwards by saying that it was the best talk he had ever heard me make. However, on this occasion, since the scholarly and distinguished representative of the Chamber of Commerce has seemingly exhausted his vocabulary in his description of Charlotte and the characteristics of its people and since he has extended to us such a warm and cordial welcome, notwithstanding Paul Fitzgerald's preference for brevity I feel an adequate expression of our appreciation requires slightly more elaboration than merely "I thank you," and in my effort to do so, I am made to realize and to appreciate more than ever before what Tennyson had in his heart when he wrote, "I would that my tongue could utter the thoughts that arise in me."

Owing to the world-wide chaos existing at the present and the destruction of liberty and political freedom in other lands, and owing to the further fact that we in the good old United States of America still live under a system of government which guarantees free assembly and freedom of both conscience and speech, it is of especial significance that we meet in Charlotte today. As Mr. Kuester reminded you, emblazoned on our State flag here today is "May 20, 1775," which date should serve as a constant reminder of the courage and the daring foresight of the men who laid the foundation for a new order of things in this great commonwealth. Two months before the Declaration of Independence was signed in Philadelphia, the patriots of this community had already divorced themselves from English rule and declared themselves in favor of the principles of that immortal document, the constitution of the United States, which solemnly declares that all men are created equal, that they are endowed by the Creator with certain inalienable rights of life, liberty and the pursuit of happiness. This city and this community have been erected on soil sacred to the cause of liberty and freedom, and standing here on this occasion with reflections on the past one cannot help but feel almost speechless among surroundings of so great historical importance, and we of the North Carolina Dental Society come to this community today with a greater and I hope a more abiding faith and appreciation for that freedom which has enabled the business and professions of this country to actually lead the world in quality as well as quantity of service rendered.

Finally, Mr. Kuester, we desire to express our sincere appreciation for the sentiments expressed in your most cordial welcome. You have thrown open the gates of your city and bade us enter. You have made us feel that these greetings are sincere and from the heart. If I needed further evidence in substantiation of this fact I need but recall that one year ago in response to an invitation from the City of Charlotte and County of Mecklenburg presented to the Legislature by your three distinguished representatives, without dissent the North Carolina General

Assembly came to Charlotte for a one day session to assist in celebrating the signing of the Mecklenburg Declaration of Independence. It was my privilege to be a member of that body and present on that occasion. The manner in which you dined us, entertained us and provided for our every comfort and pleasure shall always remain among my most pleasant recollections.

Now, in concluding, may I express the hope that we in some small measure may be able to express our appreciation for your many courtesies in a form more tangible than words; that in service to the people of North Carolina you may read our response, and now, in behalf of the North Carolina Dental Society I wish to thank you again for your greetings and at the same time I desire to assure you that we shall take back to our homes many, many pleasant memories of this occasion. (Applause)

President Alford:

Thank you, Dr. Edwards.

I will now ask the Vice President, Dr. Chamblee, to take the Chair.

Dr. Chamblee:

At this time, our President of the North Carolina Dental Society, Frank Alford, will present his address.

President Alford:

Mr. Chairman, Fellow Members of the North Carolina Dental Society and Guests:

Following the usual custom it now becomes my privilege, as your President, to greet you on this occasion. It is with a full sense of responsibility to my profession and to you who conferred upon me the highest honor within the gift of this organization that I bring you a message, humbly, inaugurating the Sixty-sixth Annual Meeting of the North Carolina Dental Society.

To have been elected President of this organization is an honor out of all proportion to any service which I have ever rendered; out of all proportion to any service which I shall ever be able to render; but nevertheless, an honor the memory of which will always remain sacred to me and for which my heart is full of gratitude. I am also grateful for the confidence which you placed in me when you elected me to the leadership of our Society. I have tried to assume and discharge the duties of the office to the best of my ability.

I would like to state here that I shall not discuss the activities and accomplishments of the Society during this administration as they will be covered in the committee reports and published in the proceedings for your information.

PROGRESS OF THE PROFESSION

It has been my happy privilege to have served as President of this organization during this year which marks the one hundredth anniversary of the dental profession. From a humble beginning in 1840, with nothing except the high ideals and foresight of those two great pioneers, Doctors Hayden and Harris, always handicapped by the lack of funds, dentistry has become established as one of the great health professions. From goldsmith and blacksmith, butcher and barber, to the skilled practitioner; from the

level of a trade to verified scientific knowledge; from jealousy and secretiveness, to coöperation and enlightenment; from apprenticeship to University training, has been the progress of dentistry.

This Society, and organized effort, has played an important role in its struggle for existence, professional recognition, and prestige. I am happy that we, as members of this organization, have had an opportunity to contribute to that progress. We should feel proud, and justly so, of the advancement made during the first century of our professional existence. Today, Dentistry is a branch of medicine—a branch of sufficient importance to require a special, intensive training, leading to a special degree. It is a branch of the healing art which occupies, with its allied branches in the medical group, a field which is inferior to none in its importance to mankind, and should be so recognized.

It can be truthfully stated that, in accordance with the scientific information available, within the limits of its vision, and to the best of its ability, dentistry has always functioned for the best interest of the public. It has given to society the works of the greatest men in the profession, men who have devoted their lives and abilities to improve and perfect dental science.

As a dental profession, we of the United States stand before the world at its head. Dentists from all corners of the earth turn to us for advanced thoughts and developments, on every phase of our specialty. If we are to maintain that reputation and successfully meet the responsibilities of the present and the future, we can do so only as you and I, who make up the membership of our profession, conscientiously do our part.

SOCIALIZATION

Although great progress has been made, much remains to be accomplished. In this day of civilization, when the whole world is in a state of turmoil and uncertainty, history is being made in a series of fast moving events. The radical and conservative thoughts of government are clashing. Our long established social system is going through a period of transformation, so it is quite natural for us to wonder what is going to happen to the dental profession. Today there is concern over a threat of Governmental interference with private practice. Whether this concern is justified, or not, remains to be seen. We are certain, that if present plans are carried out, there will be a change in our present socio-economic system. It may, or may not, be detrimental to private practice. Until two years ago we felt assured that the Federal Government would not enact laws which would undermine the structure upon which the dental and medical professions were built, but today we are not so certain about the outcome.

We should certainly be informed on what is taking place and be prepared to cope with the situation, by using every effort to fight the objectionable features of any social health program. Let it be understood here that neither the Dental Profession, the American Dental Association, nor the North Carolina Dental Society, are opposing any movement which will provide a *sane* method of dental care for the indigent, but, we want to know that the government officials are not too liberal in their classification of the indigent, as they have been in some other relief programs.

It is freely admitted that present conditions need temporary emergency measures, but these measures should conform to the generally accepted principles of distribution. The medical and dental professions of this country do not yield to any group first place in the desire to conserve, protect and found superior methods to protect the health of the public. Whatever method is adopted, the service rendered should be in keeping with

traditions and standards of *American* health service, and not those of a country far behind us, when measured in terms of National well-being.

I would like to call your attention to the copy of "Dentistry and Government," which was sent to each member of this Society, by the National Health Program Committee of the American Dental Association. This pamphlet deals with present attempts to formulate a national health program. It is a most valuable source of information on this highly important subject, and it provides data that can be passed on to legislators and to the public, in an effort to prevent unwise legislation. For these reasons, the committee desires not only wide distribution, but careful reading of the pamphlet. We should all acquaint ourselves with all phases of this subject.

RESEARCH

The American Dental Association proposal that the Federal Government aid in financing dental research, since philanthropic sources of support are decreasing, was climaxed by the introduction of a bill in the United States Senate, several weeks ago by Senator Murray, of Montana, to provide six hundred thousand dollars for this purpose. Dental disease is so prevalent that no amount of reparative effort will ever solve the problem. A way must be found to prevent, or greatly reduce the cause of dental caries. This great problem challenges us and we must accept the challenge with confidence. If the Government, or any other agency, can help us in its solution, we will be everlastingly grateful. This Society should give all possible aid, financial or otherwise, to promote this research.

No doubt, tomorrow afternoon, Dr. Merritt will give us the proposed plans of the American Dental Association, in a National Health Program, so it is needless for me to discuss this further.

DENTAL EDUCATION

Dental Education can be classified in three major phases, namely; for the student; for the practitioner; and for the public.

For the student, there should be constant effort to improve the Colleges of Dentistry, in equipment, in teaching methods, and in the personnel of the teaching staff. The Colleges need to emphasize the concepts of dental philosophy, always keeping before the dental student the great accomplishments, ideals and ethics of the profession. At the same time, acknowledging these problems which need critical and constructive analysis, and through the initiative of the Colleges, of the leading practitioners, and of the research departments, seek to keep our professional standard ever in the lead. This includes the encouragement of the most intelligent students to enter the profession; increasing the predental educational requirements; and more facilities for graduate work.

Whether we, as individuals, feel that the additional training can be justified is not the point for consideration. Academic and graduate work, as well as professional or scientific training, are the yardsticks by which all professions are measured. Shall dentistry lead, or fall just below some other profession?

For the practitioner, such meetings as this are serving well in their efforts for improvement, but it would seem a forward step in dental education, if all dental schools would, during the summer months, conduct a week, or two weeks course, at a nominal tuition fee, for their alumni. Perhaps a rotation plan of one subject each summer would suffice.

For the public, this can come only through the extension of health education. While we are deeply concerned about the welfare of the indigent, a great problem which faces dentistry in North Carolina is reaching a great majority

of our people, who can financially afford complete dental service, but neglect to have it done. This does not apply to ignorant people only, as the mouths of some of our leading and most intelligent citizens have gone to wreck because of neglect.

We have been remiss in carrying out a well organized plan of dental health education. Between failure to teach the importance of dental care to those who can afford it, and failure to render dental service to the indigent, it would be difficult to determine the greater of the two acts of omission. By dental health education, we mean: the appreciation of oral health and the service rendered by our profession; the life-time economy of sensible dentistry; the teaching of the economic burden of dental neglect; the distribution of simple and truthful information for the prevention of dental disease, to *all* the people of this State, from mountains to coast.

The problem involves sane publicity, carefully planned by the profession, and the moral and financial support of the dentists and public health organizations. It is a task requiring intelligence, delicacy, and a sense of responsibility for the dignity of a great and growing profession. Some of you here may not agree with these thoughts, but there is a strong feeling that there should be some way provided for more dental health education. The American Dental Association is advocating it, as one of three points, in a National Health Program.

Perhaps a Committee on Dental Health Education, or our present Oral Hygiene Committee, could outline a program to be used by the State, County, and City Health Departments, in the promotion of this work. This Society should approve any program proposed and be advised of its success or failure. Local advisory committees could be organized in each County to assist in the extension of such a program in their respective County.

By this thought, it is not the intention, in the least, to minimize the splendid work of the Dental Division of the State Board of Health, conducted by Dr. Branch and his co-workers. They have pioneered in this field and have received national recognition. We are indeed proud of their accomplishments and everlastingly grateful for their efforts. But, as great as their work has been, it is admitted that they are only scratching the surface. The work is not instituted in all counties, because of lack of funds. In the counties where they do operate, they reach principally the school age public. It would be a great forward movement, if some plan could be arranged by which we could reach all of the adults, and most especially the parents, of this State.

NATIONAL DEFENSE

The American Dental Association has created a Committee on National Defense, to represent and serve the profession in its coöperation with the War, Navy and other Governmental Departments, in case of a national emergency.

This Committee feels that a Military Affairs Committee should be appointed by each state society. We already have a committee of this nature in our Society, but it might be advisable to enlarge the existing machinery. It is agreed that world conditions make it necessary that dentistry should be prepared for any eventualities. We hope the matter will never go further than preparedness, yet danger lies in not being adequately prepared.

Pursuant to recommendation made by President Hale last year at the Raleigh meeting, the House of Delegates voted to establish a nominating committee. He suggested that the committee meet and select their own chairman. This year, we found that there was no one to organize the first meeting, and, since the membership of this committee will change each year, it will be impossible for the members of the committee to elect a

chairman for the next year. The appointee to the Committee, by the President, could act as chairman and be responsible for the organization of the meetings.

The By-Laws of this Society provide that the President is required to deliver an address at the opening session of the next annual meeting, after assuming office. It is a wise provision, but it makes it impossible for him to follow up any suggestions, or recommendations that he might make in his annual address, or to establish a policy to be followed by the Society during his year of administration. Experience teaches that the most successful plans are those that are followed up, and the President's term is too short to begin much of a constructive program and follow it through to completion. Under our present system, the only opportunity afforded the President to address a general session, except as outlined in the By-Laws, is at the time of installation of officers. At this time, the members are leaving for home and it is often difficult to get many together for this general session.

By our method of election, the President-elect has had a full year in active contact with the Components, to learn their needs and desires and in which to establish a policy, at the time of being installed as President. He should be required to deliver an address at the opening session of the annual meeting, at which he assumes the office of President, and outline his program and policies for the year of his administration. This would in no way interfere with an address by the President, at this same session.

MEMBERSHIP

I am pleased to announce that our membership has reached the highest point in the existence of the Society, being well over five hundred and sixty (560). May we reach the six hundred mark before 1941. This can be accomplished, if each member will do his part. We can proudly say that the North Carolina Dental Society is the largest component, in the South, of the American Dental Association. Our Society wants a larger membership, but it needs, above all, a fuller sharing of its responsibilities by the members.

COMPONENTS

During the past six years, it has been my pleasure and privilege to attend every meeting, except one, of the District Societies, that one being the Fifth District Meeting held in Goldsboro. During this time, I have observed a decidedly increased interest in these meetings, evidenced by loyalty, enthusiasm, and coöperation, with better programs, larger attendance, and increased membership. The District Societies, and their officers, are to be congratulated on the splendid, constructive work they are doing. They form the backbone of this organization and its future depends on them.

PROFESSIONAL RELATIONS COMMITTEE

In order that the dignity and honor of the dental profession may be upheld, its standards exalted, its sphere of usefulness extended, and the advancement of dental science promoted, and to assure to the public an increasingly better grade of oral health service, your President has appointed a committee to be known as the Professional Relations Committee, to promote a better understanding between the dental profession and its adjuncts. This committee will report to the House of Delegates and offer a resolution for their consideration.

GOLF TOURNAMENT

When we, as an organization, sponsor anything that would tend to draw the attention of our members from the scientific program, and lessen the

attendance on these sessions, we are defeating the object of the Society. For several years, I have observed the effect of the golf tournament, which this Society has sponsored, on the attendance in lectures and clinics, *if the tournament was being played while the scientific meetings were in session*. If we are to continue the sponsorship of golf, it seems fitting that the requirements should be that the tournament end before the opening session Monday morning, or begin after the noon session Wednesday, unless a recess of a half day be taken for golf during the meeting, which would seem unwise. This would in no way interfere with those who may desire to play at any time, instead of attend the program, but such games would not be sponsored by the Society. It is hoped that if we are to continue the sponsorship of a tournament, that any prizes given will be donated by the Society, without asking the commercial firms to contribute them. We place ourselves under obligation to these firms in direct proportion to our acceptance of contributions.

POST-GRADUATE EDUCATION FOR NEGRO DENTISTS

For some time past there has been a problem confronting the dental organizations in the South, relative to post-graduate dental education for the Negro Dentists who are practicing in the Southern States. There are seventy-two of these men practicing in North Carolina, with practically no means of keeping informed of the advanced thoughts in the profession. I do not propose a solution to this problem. It requires much thought, but perhaps some plan could be formulated by a committee appointed for this purpose. They have requested certain information concerning membership in the American Dental Association and stated their desire to go into this matter this year in their national program. There is a feeling that it would be better to solve this problem ourselves than to have it solved for us. Information reveals that the American Legion has worked out a similar problem to the satisfaction of all. There must be a high common ground on which we can meet in a spirit of mutual respect, concern, and fairness, to solve such problems.

BOARD OF EXAMINERS

The excellent work that is being done by the North Carolina Board of Dental Examiners deserves the appreciation and commendation of each of our members. While the Board of Examiners is a distinct and separate organization from ours, both operating independently of each other and for an entirely different purpose, there should always be a spirit of full co-operation between the two. Every member of the profession in the State, whether he be a member of this Society, or not, should consider it his personal duty to assist and support the members of the Board of Examiners in their efforts toward bringing the violators of our law into court. Without our assistance, they cannot function to maximum efficiency. May you be reminded that, in reporting a case of violation to the Board, it is necessary that affidavit be secured from the witness, in support of, and in line with, the testimony that they might be called on to give in the case.

GROUP HEALTH AND ACCIDENT INSURANCE

The group liability insurance plan, which was adopted by this Society several years ago, has proven to be both economical and successful. It has helped us to retain our membership and to gain new members, because only those members, in good standing, can insure under the group policy. A large per cent of our members are now carrying some form of health and accident insurance and we can now provide even greater service and individual membership economies, by securing a group health and accident policy. The Ohio

State Dental Society has a special policy of this nature, with all of the loophole clauses omitted, with a preferential rate. They claim to have saved, for those members insured, during the first six months the policy was in force, a sum more than twice the amount the Society received in dues from its entire membership. Naturally, the amount of savings will increase in proportion to the number of insured. What Ohio has done, North Carolina can do. Such savings to our members should not go without consideration. The plan, if put in force, would not only effect a saving, but would add additional attraction to our membership, for the non-members, as well as the members.

AMERICAN DENTAL ASSOCIATION DUES

The question of increasing the dues in the American Dental Association, is one to be considered. The organization is exerting every effort to offer adequate protection to its membership from the influences now at work outside the Association and, at the same time, carry on the activities of the past. To meet the constantly increasing demands of progressive expansion, it appears that the present income is inadequate, and that our dues will be raised two dollars per capita. If this becomes necessary, in order that the Association will not be forced to decrease its activities, we should gladly give our approval. No investment one can make will pay greater dividends, than membership in the American Dental Association. Our dues are far less than in other organizations of comparative importance. There will, no doubt, be objections to this suggestion, but I, personally, feel that with the essentially increased activities, a moderate increase in our dues is in order, *if necessary, to meet the financial responsibilities of the Association*. Individually, two dollars would mean little to us, but collectively, it would mean ninety thousand dollars annually to the American Dental Association. I do not make this as a recommendation but feel it deserves your consideration.

DENTAL NURSES

The dental nurse has become a valuable adjunct to the dentist in his office. She performs particularly in the professional and economic efficiency of the office, and thereby, in the quality of service rendered by the dentist. Her improvement would mean improved services to the public. Since they do not have an organization in this State, she has had little opportunity for improvement. It would seem wise that the Program Committee consider an instructive program for the dental nurse, to run concurrently with the program of the North Carolina Dental Society at its annual meeting.

RECOMMENDATIONS

After much thought and consideration, and in fairness to all, with the interests of this Society uppermost in mind, and upon the advice of older and more experienced members, I make, for your consideration, the following recommendations:

- (1) A committee on dental health education be appointed, to formulate plans for the promotion of dental health education in this State, and to cooperate in a National Health Program.

- (2) The President-elect be required to make an annual address, at the opening session, of the meeting at which he is installed as President, to outline policies for his administration.

- (3) The President-elect be made ex officio member of the Executive Committee to familiarize him with the functions of that body.

- (4) If sponsorship of the golf tournament is continued by the Society, the tournament be arranged, not to interfere with the scientific sessions of our

annual meeting. I further recommend that commercial firms not be solicited for trophies, to be presented to winners in the golf tournament.

(5) A committee be appointed to study possible plans, whereby the ethical Negro members of the dental profession, in North Carolina, can receive the scientific advantages of the American Dental Association.

(6) The North Carolina Dental Society secure a group health and accident insurance policy, for our members who wish to carry this form of protection.

(7) In order to improve the efficiency of the dental nurses, the Program Committee arrange an instructive program for them, to run concurrently with the program of our annual meeting.

(8) The appointee to the nominating committee, by the President, act as chairman of the committee, to organize the meetings.

(9) The By-Laws of this Society have not been revised and printed since 1935. I recommend that a committee be appointed to revise and incorporate in the By-Laws such changes that have been made since they were last printed.

CONCLUSION

The success of any administration is due to the concerted efforts of many members, and no individual has the right to take undue credit. This year, I have been particularly fortunate in having, as co-workers, men of unusual attainments. Time does not permit the enumeration of all the names who have contributed to the success of this administration, but I would like to express my special gratitude to the Secretary, Dr. Paul Fitzgerald, and to the Editor, Dr. Neal Sheffield, for their prompt and efficient service and co-operation rendered during the year. I wish to express my sincere appreciation to the members of the Program Committee, the Arrangements Committee, and the Clinic Committee, for the work which has been done in preparation for this meeting; and to the members of the Executive Committee, who gave every consideration for the welfare of the Society. To the other officers, and members of the other committees, and to each member of the Society, who has assisted in any way during this administration, I wish to extend my most sincere heartfelt thanks.

Over a period of eight years, it has been my privilege to have had a very close contact with the affairs of this Society, in various capacities. As I come to the close of this relationship, I do so with a happy memory of the many intimate friendships made throughout the State. I trust the heritage of this sixty-six year old organization has not suffered during this administration.

As I find my term of office ending, I see much to be accomplished, yet the responsibilities of the organization will fall in the hands of capable men, and to them, at this time, I wish to pledge my whole-hearted support.

Vice President, Dr. Chamblee:

Dr. Alford, I am sure we are all grateful for this able address.

I now name Dr. Z. L. Edwards, Chairman, Dr. Walter Clarke and Dr. Everett Smith as a committee on the President's address.

President Alford:

At this time I recognize Dr. W. K. Chapman, who will report for the Necrology Committee.

Dr. Chapman:

*Mr. President, Fellow Members of the North Carolina Dental Society, and
and Guests:*

We are gathered here today to speak a word for those who have gone from the sound of our voices, and the range of our physical sight—to indulge in a shining moment of love, memory and reflection, under the shadow of the vast slopes of time and eternity.

There is something about life that tends to erase from the mind, or at least to obscure the memory of those with whom we have labored in the common good. The many distractions which are ever-prevalent in the lives of the living tend to blot out everything except the immediate present. Life is such a terribly real thing, a thing so full of its own problems, that we have little time or inclination to delve into the abstractions, and those who have passed on are usually without the compass of our thoughts except upon an occasion such as this. Perhaps this is best, after all—who knows? In any event, it seems to be more or less natural with most of us, and perhaps we should be reluctant to question a natural thing. On the other hand, perhaps we are too much concerned with the immediate present and the closely-pressing future, and our outlook is the result of a narrowed perspective—not that of the poet and philosopher whose range is farther and whose penetration is deeper.

When all is said and done—what is this feverish and short-sighted activity of a few years compared with the long afternoons and nights of eternity? Why should we consider our life's work done when we have spent twenty or thirty brief years in the pursuance of such life work?

Nothing in nature is ever discontinued—a brook continues to be a brook, a tree, a tree. It is only in connection with man that we think of the life process as ceasing. But why? Isn't it reasonable to assume that eternity will afford even greater opportunities to pursue those things closest to the heart, whatever they may be?

Kipling states this conception for us in his eternally beautiful poem, "L'Envoi." And so with him I like to feel that

"When earth's last picture is painted, and the tubes are twisted and dried;
When the oldest colors have faded, and the youngest critic has died,
We shall rest, and, faith, we shall need it—lie down for an aeon or two,
Till the Master of All Good Workmen shall set us to work anew!

And those that were good will be happy; they shall sit in a golden chair,
They shall splash at a ten-league canvas with brushes of comet's hair;
They shall find real saints to draw from—Magdalene, Peter, and Paul;
They shall work for an age at a sitting, and never be tired at all!

And only the Master shall praise us, and only the Master shall blame;
And no one shall work for money, and no one shall work for fame;
But each for the joy of the working, and each, in his separate star,
Shall draw the Think as he sees It for the God of Things as They Are!"

Dr. Alford:

I will now ask Dr. S. P. Gay, of Waynesville, to come forward, please.

Dr. Gay:

DR. ERNEST MILTON CUNNINGHAM

Dr. Ernest Milton Cunningham was born at Alpena, Randolph County, West Virginia on July 20, 1901. He was the son of Joseph Arnold Cunningham and Annie Rosalee (Knutti) Cunningham.

He died at his home at Biltmore, North Carolina on October 3, 1939.

Dr. Cunningham attended the Alpena Local Schools until 1917, when he entered Davis-Elkins College at Elkins, West Virginia. He did not graduate from Davis-Elkins, but he went to Potomac State School at Keyser, West Virginia from which institution he was graduated in June 1922.

He entered Dental College at the University of Pittsburgh where he graduated in June 1926. After graduation from the University of Pittsburgh, Doctor Cunningham located at Biltmore where he practiced until the time of his death.

He at once joined the Presbyterian Church in Asheville and became identified in the men's activities, especially. He was a member of the Usher's Guild of the church, and was a member of the Y.M.C.A. He was a member of the Kiwanis Club and the Biltmore Forest Country Club.

Doctor Cunningham early became a member of the North Carolina Dental Society, the American Dental Association, and was past president of the Asheville Dental Study Club.

He believed in dental ethics and strove always to live up to the highest standards of the profession.

About his work he was very conscientious, striving for perfection in the smallest detail. He was a man to inspire confidence.

Dr. Cunningham was a true friend and a good comrade. Life to him was a pleasant adventure to which he gave the best of himself and enjoyed to the fullest.

By the members of the dental profession and by the citizens of his community he was held in the highest esteem. We, who knew him so well, will miss Ernest Cunningham as we continue our journey through life.

Ernest has gone to his final resting place.

S. P. GAY.

Dr. Chapman:

In memory of our departed friends, I place a red rose to represent not the departure of life, but the everliving work which these men have done, which work lives on.

This rose is in memory of Dr. Cunningham.

I will ask Dr. J. C. Watkins to come forward.

Dr. Watkins:

DR. PHINEAS EDGAR HORTON

Our friend, Phineas Edgar Horton was born in Salem, North Carolina, September 25, 1872. His father, Alexander Hamilton Horton, was a very prominent and popular citizen of Wilkesboro, and for years was the Democratic Clerk of Superior Court in a strong Republican county.

His grandfather, Timothy Vogler, was one of the pioneer citizens in Salem and lived to be over ninety years of age.

Dr. Horton spent most of his boyhood days in Wilkesboro and Salem. He received his education in the Winston Graded School, the Salem Boys Academy, and the Wilkesboro Academy. Inspired by his brother, Hamilton V. Horton, who for years was one of our best dentists, he selected dentistry as his life work and graduated from the dental department of the University

of Maryland, in 1894. While attending Dental College he was a charter member of the Xi Psi Phi Fraternity. On August 16, 1899, he was married to Miss Carrie Beard of Kernersville, who survives him. His only child, Phin Horton, Jr., stands high as one of the prominent and successful lawyers of Winston-Salem.

Dr. Horton was an active and loyal member of the Home Moravian Church. Over a period of many years he served his church in many capacities. Until recent years he was an enthusiastic teacher of a large class of older boys. His church activities also included faithful service as President of the Brotherhood, a member of the Board of Trustees and active membership in the Men's Bible Class.

He was a charter member and past president of the Winston-Salem Kiwanis Club. For years he was an active member and served on important committees of the Winston-Salem Board of Aldermen and was also Mayor Pro-tem of the city. He was for years a member of the Twin City and Forsyth Country Clubs. He was also for a number of years a member of the Board of Directors and Trustees of the Winston-Salem City Memorial Hospital. His life was symbolic of those progressive ideals which have contributed so much to the building of his community.

Dr. Horton was a charter member and past president of both the Forsyth County and the Second District Dental Societies. He was essayist and past president of the State Dental Society and a member of the National, now the American, Dental Association. Dr. Horton had a most unusual attendance record of the State Conventions. He attended forty-seven consecutive annual meetings. He attended his first meeting the year before he graduated.

He was not only well versed and skilled in all departments of dentistry, but he was a brilliant speaker, gifted in making clear and impressive the thoughts he wished to convey. He attended many clinics and took special courses in dentistry, including all the post-graduate work from the Extension Division of the University of North Carolina, under the auspices of our North Carolina Dental Society. Throughout his entire dental career Dr. Horton was always eager to learn the most advanced and up-to-date methods and to the last he possessed and exercised the skill of the younger trained men in the profession.

Dr. Horton was a very modest and retiring man. He was one of the most honored and popular dentists in our state. And though a dentist of the old school he alertly kept abreast with the progress of his profession. His professional demeanor and his fine quality of ethics was and will be a source of help and inspiration to all his fellow dentists.

Sunset and evening star,
And one clear call for me!
And may there be no moaning of the bar,
When I put out to sea,

Twilight and evening bell,
And after that the dark!
And may there be no sadness of farewell
When I embark;

For tho' from out our bourne of Time and Place
The flood may bear me far,
I hope to see my Pilot face to face
When I have crossed the bar.

J. C. WATKINS.

Dr. Chapman:

This rose is for Dr. Horton. (Places rose in vase.)

I will ask Dr. I. R. Self to come forward.

Dr. Self:

AUGUSTUS PITT BEAM

The passing of Augustus Pitt Beam from mortal life November 12, 1939, has left many sad hearts in North Carolina and adjoining states. He was born May 15, 1893, in Shelby, N. C. His early education was in the Cleveland County Schools and the University of North Carolina and afterwards, he entered Atlanta-Southern Dental College, graduating in 1917.

He served his country during the World War in the Dental Corps at Camp Gordon near Atlanta, Ga., and was later associated with Dr. Fred N. York in St. Petersburg, Florida, in the practice of Dentistry. During 1921 he moved to Shelby, N. C., where he practiced his profession until his death.

He was one of the most outstanding men of his community and was always interested in the welfare of others and loyal to the profession which he had chosen, and also an active member of the Baptist Church, Kiwanis Club, School Board, Masonic Order, American Legion and various civic organizations. A member of the American Dental Association and President of the First District Dental Society during 1927 and a member of the Southern Academy of Periodontology since 1925.

April 6, 1925, he married Miss Mae Kendall of Shelby, N. C., who with two children, Pitt, Jr., and Jane Kendall survive.

"Pitt" as we all knew him, was one of the most lovable and companionable of men and the privilege of close personal friendship was not necessary to reveal his loyalty and devotion to his family.

His death has removed from our profession one of its leading members. On all occasions, his jovial nature and love for good fellowship made him an ideal companion and won for him countless friends.

He left a rich heritage of memories, not only in his own family circle, but also among his wide circle of personal and professional friends. Such a man is a distinct asset to humanity.

Again a prince has fallen in the flight,
The valorous champion of the truth and right;
Determined, honest, level-headed, just;
Who broke no promise nor betrayed a trust,
His genial face with courtly kindness beamed,
By friends beloved, by the world esteemed.

I. R. SELF.

Dr. Chapman:

This rose is in memory of Dr. Pitt Beam. (Places rose in vase.)

I will ask Dr. Walter McRae, of Red Springs, to come forward:

Dr. McRae:

DR. HENRY RICHARD CROMARTIE

Dr. Henry Richard Cromartie, known as Harry Cromartie to relatives and friends, was born near White Hall in Bladen County, North Carolina, September 21, 1875, and his early years were spent in that section. Later his family moved to Clarkton and he attended the school there and worked until he grew to manhood. He then decided on Dentistry as a profession and entered the School of Dentistry at the University of Virginia in Richmond. He finished there in 1904 and in October of that same year came to Raeford and

opened an office. For about fifteen years he was the only dentist in his county.

On August 1, 1906, he married Miss Lena Sarah Murphy, a teacher in the Raeford school, at Hephzibah, Georgia.

Dr. Cromartie was always interested in every effort to build up his community. He served as Mayor of Raeford and for many years was a member of the school board, serving one while as its chairman. He was a charter member of the Raeford Kiwanis Club, a member of the District, State and American Dental Societies.

He was greatly interested in the Presbyterian church, a singer in the choir, served for many years as deacon and then as an elder.

In 1934 his health failing, he was compelled to give up his practice. In June 1939, while on a visit in Georgia he was stricken and after many weeks in the University Hospital, Augusta, he died September 11 and was buried in Hephzibah, Georgia.

He leaves his widow, a son, J. R., Jr., two married daughters and three grand children, and a brother, Dr. A. S. Cromartie of Fayetteville, N. C.

WALTER MCRAE.

Dr. Chapman:

This rose is in memory of Dr. Cromartie. (Places rose in vase.)
I will ask Dr. James A. Sinclair, of Asheville, to come forward.

Dr. Sinclair:

DR. WILLIAM FOREST BELL

Our beloved member, Billie Bell, faithful and loyal to the North Carolina Dental Society, passed away suddenly on the morning of December 2, 1939, as he was preparing to go hunting. It came as a distinct shock to his many friends and patients, and left a gloom that still remains with us.

We had practiced in the same city for more than twenty-five years, and our contacts, both social and professional, were beyond the usual. Along with other friends we hunted and fished together and attended the Dental meetings all over the United States.

Dr. William Forrest Bell was born in Aukland, New Zealand, October 1, 1889, the second son of James Forrest and Anna J. Russell Bell. He attended public school from the age of four, and in February 1903, entered King Edward's College of Aukland, remaining there until December 1906. His older brother, Dr. Thomas Bell of Philadelphia, was in this country studying dentistry at the University of Pennsylvania, and so in September 1907, Billie joined him at the University, from which he was graduated in June 1911.

While in college he was a member of Psi Omega fraternity, and the Secretary of the British Society. He also served as coxswain of the Pennsylvania crew for three years. After graduating he practiced dentistry in Atlantic City, and then came to Asheville in 1914. He became an American citizen in 1931.

Dr. Bell was elected and commissioned a member of the North Carolina State Board of Dental Examiners in 1933. He was reelected and recommissioned in 1936. He retired from the Board September 1, 1939.

In 1933 he was elected a delegate to the meeting of the National Association of Dental Examiners and reelected each succeeding year for six years. As a member of that Association he served on some of the most important committees. He was elected Vice President of this Association in 1935 and 1936, and became President in 1936 and 1937. It was during his term as President, and largely due to his efforts, that the new Council on Dental Education was formed and the present set-up of the Council perfected. He

did much research on the question of licensing specialists, while active in the National Association of Dental Examiners, and was chairman of this committee. His reports are of record in the minutes.

The National Association of Dental Examiners never had a more efficient officer, nor one who contributed more constructive thought, gave more liberally of his time, or was more universally loved than Billie Bell.

He was elected President of the North Carolina State Board of Dental Examiners in July 1938, and served until he retired in 1939. He served well as he did in every other place of honor and trust. His counsel was sought on every question of importance. As a member of the Board he never flinched a duty. He accepted his job like a man and did it in a manner that no one could have bettered. He was a member of the First District and North Carolina State Societies, the National Dental Association, a member and councilman of the Southern Academy of Peridontology, also the American Academy of Peridontology, the American Association of Oral Diagnosis, and a Fellow of the International College of Dentists. He was sincere and honest in his relationship with all of these Associations, discharging his duties with fearlessness. As to integrity, he stood ace high.

In San Antonio, Texas, September 29, 1915, he was married to Lucy Marshall Dick of Greensboro, N. C. Three children were born of this union, William Forrest, Bell, Jr., who is a first year dental student at the University of Pennsylvania; Marjorie Jean and John Thomas Bell, a student at Christ School, Arden, N. C.

Dr. Bell was not only outstanding in North Carolina, but in the United States as well. He was a national figure and served the profession as such.

JAMES A. SINCLAIR.

Dr. Chapman:

This rose is for Dr. Bell. (Places rose in vase.)

I will ask Dr. D. K. Lockhart, of Durham, N. C., to come forward.

Dr. Lockhart:

DR. CARL P. NORRIS

Dr. Carl P. Norris was born in Wake County, N. C., near Holly Springs, October 24, 1881. He was the oldest son of Henry Norris, who at one time was Superintendent of Education for Wake County, and at the time of his death a few years ago was the oldest living alumnus of Trinity College, now Duke University.

Carl attended the public schools at Holly Springs, and later went to Buies Creek Academy. In the fall of 1901 he entered the Baltimore College of Dental Surgery and was graduated from there in the spring of 1904. That same summer he passed the North Carolina Dental Board at Morehead City, and it was there that some of us first knew him.

He practiced for a few years at Lillington and then moved to Durham and there made his permanent home. His quiet manner, magnetic personality and skill as a dental operator soon won for him a place in the front rank of the young professional men of Durham.

He was married June 8, 1910, to Miss Louise Wyatt of Raleigh. To them were born three girls, Mary, who is Mrs. Derwin Cooper, Louise and Marion who are students at Salem College. The home life of the Norrises was almost ideal. He as head of the house was looked up to, loved and respected, and he in turn was kind and considerate of the others.

While in College he joined the Xi Psi Phi Dental Fraternity. Ever since he started to practice he had been a member of local, district, state and national dental societies and was nearly always present at the meetings.

Taking part in the proceedings, exchanging ideas and did much to keep the profession on a high plane.

Dr. Norris not only stood well in his own profession, but he took an active part in religious and civic affairs. A member of the Durham Rotary Club for twenty years, which he had served as its president and as a member of its board of directors. He spent much time at the Y.M.C.A. in the recreational and health work. He was a Baptist and was a leader in that branch of the Christian church, taught a large class of boys and young men in the Sunday school at Watts Street Baptist Church.

About two years ago Dr. Norris suffered a partial physical breakdown and had to take a rest for several weeks. Since then he had been working fewer hours per day in his office and tried very hard to take good care of himself. Friday, March 1, he was in his office part of the day, went home and ate the evening meal, talked with some friends, and was preparing to retire for the night when a heart attack came on and in just a short time he was gone.

Carl Norris was a high type American citizen and Christian gentleman, as well as a strictly ethical professional man. We who knew him best loved him most.

D. K. LOCKHART.

Dr. Chapman:

This rose is in memory of Dr. Norris. (Places rose in vase.)

Let the Assembly please stand for a moment. Let us bow our heads in memory of these departed friends. The gavel will sound at the end of the minute. . . . Silence for one minute. . . . Gavel.

President Alford:

At this time I'll ask the Secretary to read any communications that he might have.

Secretary Fitzgerald:

CHICAGO ILL MAY 6

DR. PAUL FITZGERALD, SEC NORTH CAROLINA DENTAL SOCIETY
IN SESSION HOTEL CHARLOTTE
ACCEPT OUR SINCERE GOOD WISHES FOR A MOST SUCCESSFUL
MEETING PLEASE REMIND YOUR MEMBERS OF OUR NINETEEN
FORTY MEETING IN CLEVELAND OHIO IN SEPTEMBER AND EXTEND
TO THEM A CORDIAL INVITATION TO ATTEND

HARRY B PINNEY

CLEVELAND OHIO

DR. FRANK O ALFORD, PRESIDENT NORTH CAROLINA STATE DENTAL
ASSOCIATION CHARLOTTE N CAR
HEARTIEST GOOD WISHES FOR A VERY SUCCESSFUL MEETING IN
CHARLOTTE THE CLEVELAND LOCAL ARRANGEMENTS COMMITTEE
INVITES YOU TO ATTEND THE AMERICAN DENTAL ASSOCIATION
MEETING IN SEPTEMBER. THE SUCCESS OF THIS MEETING DEPENDS
ON YOU. DONT MISS IT.

LOCAL ARRANGEMENTS COMMITTEE J V GENTILLY GEN. CHM.

MEMPHIS TENN MAY 6

THE DENTAL ASSISTANTS OF NORTH CAROLINA
 CARE SECRETARY NORTH CAROLINA STATE DENTAL ASSN
 CHARLOTTE HOTEL
 GREETINGS MAY THIS OCCASION BE THE INSPIRATION FOR A STATE
 DENTAL ASSISTANTS ASSOCIATION.

SINCERELY

ETHEL WHITENTON PRESIDENT AMERICAN DENTAL
 ASSISTANTS ASSN 906 EXCHANGE BLDG.

Secretary Fitzgerald:

This is an announcement from Dr. Herbert E. Williams.

PLEASE ANNOUNCE THAT DR. HERBERT ELY WILLIAMS (UNCLE HERBIE) LECTURE TONIGHT IS PARTICULARLY ADAPTED TO DENTISTS WIVES, THOSE WHO WOULD LIKE TO BE, AND DENTAL ASSISTANTS. DR. WILLIAMS WOULD ENJOY HAVING THE CHARM OF FEMININITY AS HIS SPECIAL GUESTS.

President Alford:

At this time I recognize Dr. L. G. Coble, of Greensboro, who will introduce our next speaker.

Dr. Coble:

Mr. President, Members of the North Carolina Dental Society and Guests:

Dr. Crane, writing in the *American Magazine*, said, "All the accumulative knowledge in the world is not worth anything unless you can apply it to your own wisdom." Our guest speaker can tell you more that you can apply to your own technic than any other man in the Prosthetic field. Among his achievements he has refined the conventional bite-block so that centric jaw relation is obtained by the muscular relaxation method. When you visit the University of Pittsburgh, you will see some very fine specimens in Anatomy, one of which is a cadaverous head which he dissected, leaving the nerves in original position. Now, we are all very much interested in the new denture base materials, and he is going to tell us, this morning, the relation of these materials to oral health service. It gives me unusual pleasure to introduce Dr. Walter H. Wright of the faculty of the University of Pittsburgh. Dr. Wright.

Dr. Walter H. Wright, D.D.S., Ph.D. (School of Dentistry, University of Pittsburgh, Pittsburgh, Pa.):

Mr. President, Dr. Coble, Members and Guests of the North Carolina State Dental Society:

It is an unusual pleasure for me to be with you this morning. Knowing so many of your officers and members and having worked with them in the past, I feel that I am at home in your State.

ACRYLIC RESINS IN RELATION TO PROSTHETIC ORAL
HEALTH SERVICE

Some of you may have come with the expectation that I am going to tell you how to process acrylic resins, but I am not. I am going to confine myself to some of the major problems involved in denture base materials so that our profession may continue to control what rightfully belongs to it.

In 1843, three years after the founding of the first dental school in Baltimore, acrylic acid was discovered and added to a then little known group of organic compounds. Because of the difficulty in synthesizing acrylic acid, its derivatives, the acrylic resins, acquired no industrial significance until eighty-four years later, when prolonged research led to the development of a synthesis making possible the production of small quantities of methyl ester of acrylic acid. This discovery was enthusiastically welcomed by waiting industrial producers and fabricators of modern plastics and has greatly extended the field and revolutionized the manufacture of synthetic resins.

During the interim since the discovery of acrylic acid dentists have used gold, platinum, porcelain, cheoplasty, vulcanite, celluloid, electroplating, aluminum, steel alloys, and lastly, phenol-formaldehyde, vinyl and, at present the acrylic resins, in an effort to find a satisfactory denture base material. These materials have cost the profession and the public millions of dollars, in the past, and continue to hold our interest in spite of the fact that most of the former materials have failed and many have been discarded.

Organic chemistry is yet in its infancy and we may expect rapid development of denture materials in the future. Whatever may come, the profession and the public may be expected to aid in this further development by their generous acceptance of promising new denture materials.

From past experience, we know what qualities a denture base material should possess. It must provide a high grade oral health service with all this implies as to *comfort, esthetics, tissue compatibility, oral hygiene, permanence in form, ease of repair and expense*. Of especial importance is the method of processing a denture base material so that it can be worked readily by dentists in practice, and readily taught to undergraduate students in dental schools. Processing methods should be developed in accordance with the needs of the dental profession, thus keeping such procedures under professional supervision and advisement, instead of under the control of the dental manufacturer and the commercial dental laboratory.

Unless the materials and processing methods required in the practice of dentistry are under professional advisement and supervision, the dentist would soon be compelled to send the greater part of his laboratory work to the commercial dental laboratory because of the tendency among manufacturers to develop complicated procedures and expensive equipment which, because of the cost, a dentist cannot afford to install in his own office. The dentists' dependence on the dental laboratory is illustrated by the present wide spread use of steel alloy castings which are made almost exclusively by dental technicians. Even acrylic resin, as originally processed, would have required costly equipment which only a few dental laboratories could have afforded.

The commercial control of dental materials, especially denture base materials, subjects the profession to high pressure salesmanship and definitely restrains the dentist in his free choice of materials. Such materials for professional use should be selected on the basis of merit. The dentist should be free to use his professional prerogatives in the best interests of his patient and not be coerced into the use of inferior materials which may be foisted onto the profession through costly advertising. Not only is advertising in-

fluencing the profession, but it is also affecting the public. The dental profession objects to advertising directly to the public by dental laboratories and manufacturers, yet the dentist unwittingly plays into the hands of commercial interests each time he accepts a trade marked denture from the dental laboratory and each time he gives his patient the pretty and innocent appearing little denture box on which is printed the name of the denture base material. The patient learns the name of the material, tells his neighbor, who, in turn, demands the same material even though his oral health may require an entirely different method of treatment. Such indirect commercial advertising forces the dentist to deal in materials, instead of confining his efforts to rendering an oral health service. In the past, this practice of selling materials instead of service has led to the most unprofessional exploitations of the public.

For the purpose of protecting the profession and the public, the Research Commission of the American Dental Association supports a Research Fellowship at the National Bureau of Standards, in Washington, D. C. Dental materials such as amalgam, cement, golds, investment, colloidal impression materials and denture base materials have been tested and standard specifications have been formulated. Reports of the Research Commission and the Bureau of Standards are valuable to the busy dentist who may be kept informed and guided in his choice of dental materials. During the past three years denture base materials, including acrylic resins, have been studied. These reports show a comparative evaluation of the physical properties of many materials among which the acrylics compare favorably with olive base rubber, the standard of comparison.

Let us consider briefly the nature of acrylic resin which has gained such widespread popularity among the profession during the past two years.

In 1843 Redtenbacher prepared a new acid, acrylic acid, by oxidation of acrolein. Eighty-four years later, in 1927, Bauer, working with Otto Röhm of Darmstadt, Germany, developed a synthesis making possible production of small quantities of methyl ester of acrylic acid. Those products produced by Polymerization of acrylic acid and its derivatives are known as acrylic resins. Polymerization, you recall is the chemical process by which two or more molecules of the same kind unite to form another compound having the same elements in the same proportions, but a higher molecular weight and different physical properties. One of the monomeric compounds, methacrylic acid, polymerizes readily to form solids and this group has many industrial applications.

Monomeric esters are converted into resins by polymerization, which process is hastened by light, heat and oxygen, but inhibited by hydroquinone. Polymeric esters are characterized by colorless transparency, stability against aging, thermo-plasticity and resistance to many re-agents. They range in consistency from soft, sticky, semi-liquid to hard, tough solids. Their resistance to weather has been shown by three years' exposure to weathering and sunlight without discoloration, loss of gloss or failure of the harder films. They are stable in light, heat and oxidating agents. The monomeric esters polymerize to solids by casting operations while the polymeric esters are thermo-plastic solids which require hydraulic or injection molding.

The industrial use of acrylic resins is exemplified by the following items: windows, windshields for autos and aeroplanes, spectacle lenses, goggles, auto instrument dials, fountain pens, buttons, handles, knobs, electric fixtures, leather protectives, musical instruments, and new items are appearing on the market with such rapidity that its use appears almost limitless.

Until recently acrylic resins were molded by heat and relatively high pressure. Such pressure made their use impracticable in the field of dentistry

since specially designed and expensive equipment was needed to process the resins. Reference to European dental writings indicates that such difficulties were perhaps partially overcome, because dentures of acrylic resin have been made there during the past eight years. Over four years ago an American dental manufacturer discovered a process whereby acrylic resin could be reduced to a plastic state as required in denture prosthesis, so that without extra laboratory equipment it could be readily used as a denture base material.

A recent patent presents twelve claims on the molding of organic compounds particularly those comprising intimate admixtures of polymeric and monomeric esters.

As previously mentioned, polymeric esters, being thermo-plastic in nature, were molded under pressure and temperatures which were appreciably in excess of the softening temperature of the molded article. This method necessitated the cooling of the mold before the molded article could be ejected, otherwise warpage resulted. Obviously such a high temperature process was time consuming and painstaking and tended to curtail industrial use of these resins. Industrial research, therefore, was directed toward a method whereby these esters could be molded at temperature below the softening temperature of the molded article. This is accomplished by intimately admixing a polymeric ester with 10-100 per cent, by weight thereof, of a monomeric ester, the resulting composition being readily molded at relatively low temperature between 70° to 200°C, and at pressures from 2,000 to 3,000 pounds per square inch, during a molding cycle of from one to ten minutes.

This simplified molding is made possible by the presence of two components; a monomer and a polymer. The monomer (soft) component may be considered as a fugitive active plasticizer for the polymer (hard) component. That is, the monomer component is a solvent for the polymer component and permits the composition to be more readily molded at lower temperature and/or pressure, and yet, after the molding operation, the monomer component has been transformed into polymer and no longer functions as a plasticizer. The function of the monomer is not entirely that of a fugitive plasticizer, since under certain conditions it adds strength to the molded article. In this respect the thermoplastic-thermoset process involved in the use of acrylic resins in dentistry differs markedly from the strictly thermoplastic processing of vinyl resins. Whereas vinyl resins require critical temperature equal to their softening points and high pressure capable of deforming the solid blank during the molding operation. Acrylic resins are soft, may be packed into the mold as is rubber, molded with two or three thousand pounds pressure and polymerized, if desired, at noncritical temperatures below 212°F. Further, acrylic resins, properly prepared, are relatively strain free, a necessary characteristic of a denture base material. Vinyl resin dentures tend to unmoild (warp) and frequently fracture under masticatory stresses, whereas acrylic resin dentures, as observed during the past four years, have neither become unserviceable because of warpage, nor have they broken, except when intentionally made too thin, in order to test their strength under actual mouth conditions.

From the foregoing study of acrylic resins we may assume that this material, either in its present or in some modified form, stands a fair chance of becoming a widely used denture base material. Acrylic resins afford an almost limitless number of combinations and thus permit the industrial use of a wide variety of fillers and pigments together with variable molding temperatures, pressures, and cycles, many of which, however, cannot be used in dentistry. Manufacturers will do well to study carefully this field before hurrying to make a denture base material.

Here I want to call your attention to a few items which I think are very important from the professional standpoint. In the past practically every denture base material has been the result of commercial developments. Resins used in the past were the result of commercial or industrial development. They were, in general, developed for other uses and modified for dental use. As a result, the dental profession never had a chance to develop its own material. We took what we could get and we had to be satisfied with it. However, acrylic resin—and this is extremely important—from the beginning, was developed specifically for dentistry. It was developed by groups working toward perfection of materials to be used for the making of denture bases and to aid in an oral health service. Acrylic resin is cheap. No doubt, George Washington would have paid \$100 for a unit of it. Acrylic resin is cheap because dentistry has been interested in this development. The manufacturers have separate plants in which these dental materials are being developed. These plants have been established for the purpose of developing denture base materials and, if they are encouraged, we may expect in the future a rapid development of such material so that ultimately the profession may have the very best that is possible. Now the question arises as to whether or not the dental profession is going to hold the gain which we have made. Today we find many dentists thinking only of themselves. Many are using "bootleg" acrylic resins in the belief that they are quite as good as the ones manufactured by the holders of the patents. Some of the so-called "bootleg" acrylics—and, by the way, there are plenty of them—are obtained from concerns interested in the industrial molding of toilet articles, automobile equipment, etc. Many of those materials are adapted to industrial and not to oral use. Many of them are obtained by redistilling the old, previously used acrylic resins. Every year the industries throw away tons of used acrylic resins which they have found so difficult to redistill that they prefer to throw them out and burn them.

Reports indicate that those materials are filled with impurities and dirt. Nevertheless, they are used by dentists who apparently are not deeply interested in the health of their patients. There is great danger in using such materials, not only from the viewpoint of the patient's health, but also because it tends to curtail research through lack of support from the dental profession. Why should manufacturers spend their money in research and in the manufacture of pure materials, when many dentists are satisfied with impure resins? I see grave danger in the use of "bootleg" acrylics, because the unfavorable oral symptoms caused by such unknown materials may result in general condemnation of all acrylic resins, when in reality the better ones have great value in dental prosthetic service.

Another important consideration is the manner in which acrylic resin is processed. I should like to ask those who are sending their work to the dental laboratories if they know what kind of resin is used by their dental laboratories? Do they know how these resins are processed? Do they know what kind of investment is used for flasking? If no, it is time they are finding out. If we cannot be absolutely certain of the kind of material we are getting and the manner in which it is processed, it is time for the profession to begin discriminate patronage of the honest laboratories. Today, acrylic resins of the "bootleg" variety are being substituted for good materials, and, worst of all, this is sometimes done with the dentists' consent. Acrylic resin must be cured according to the method advocated by the manufacturer which is based on research. Instead, we know that some laboratories are curing it by placing the flask in boiling water for ten minutes. Such curing may result in improperly polymerized acrylic resins which, we have reason to believe, may cause oral disturbances.

Further, we know that some laboratories are using a plaster-starch mixture for investing the denture in the flask. This investment starts to break down as soon as it is plunged into hot water, so that it is disintegrated before the denture is polymerized. What kind of a denture could be expected from an investment of that kind?

It is high time for the dentist to get busy on this matter, to specify the kind of material and the method of processing and to make sure that he gets them. After all, we are licensed by the people to protect their health and we cannot protect it unless we know what we are using.

I shall close by stating some of the uses of acrylic resins and after that we shall see a moving picture which will illustrate their uses. Acrylic resin affords the dentist an opportunity to keep the processing of dentures under the supervision of the profession. This is especially desirable in the field of partial dentures, which is now being exploited by dental technicians who know nothing of the oral requirements; and use materials such as steel alloys which dentists in general practice do not fabricate. Until the dental profession wakes up, we are going to have a great deal of laboratory control of processing procedures and materials which go into the dental service for the public.

Acrylic resin has a property for which the dental profession has searched for years, namely, transparency. We have needed a transparent denture base material for interdental splints, for immediate dentures, and for obturators. Celluloid has not met this requirement. The transparency of acrylic resin alone is sufficient reason why the dental profession should encourage its development and assist in keeping it free from exploitation.

Fortunately acrylic resin is available in two forms, one having a pink color of pleasing and natural appearance, and the other possessing transparency resembling clear glass. These may be used singly or in combination as desired, since both are basically the same material.

In the making of complete dentures all pink resin may be used, or as some prefer, dentures bases of transparent resin may first be prepared to which the teeth may later be attached, by the use of the pink resin. Combination pink and transparent complete dentures may be made by separately packing and trial-closing each resin as desired.

Partial dentures, likewise, may be made of either or both colors. In regard to the strength of partial dentures, we have found the resins applicable to such appliances as are usually made of vulcanite, including lingual and palatal bar dentures. When used in the fabrication of lingual or palatal bar dentures, it is advisable to make the saddle connectors slightly thicker and some prefer to reinforce these connectors with a thin and flexible metal strengthener. Partial dentures of acrylic resin less than 2 m.m. thick, have been successfully worn without breakage.

Transparent acrylic resin is ideal for immediate dentures. These may now be made of transparent resin except on the labial surface where pink color is desired. The operator having inserted the denture, is permitted to view the underlying lacerated tissues from which the teeth have been extracted. Those areas which interfere with the seating of the denture may be observed and accurately located through the transparent base, after which the tissues may be further surgerized or the denture may be relieved.

Likewise the acrylic resins promise to revolutionize the making of interdental splints. With the transparent resin it is possible to construct overlay splints such as are temporarily used to increase the vertical jaw relation for diagnostic purposes. These splints may be made with such accuracy that they will snap into place on the natural teeth and effectively resist displacement during function. Further, the transparency of this material makes the

splint inconspicuous even though it covers the incisal edges of the anterior teeth.

Finally, patients having post-surgical anomalies or cleft palate have been successfully treated with appliances made of acrylic resin. The nature of this resin permits additions and repairs which are made as readily as with rubber. Appliances for cleft palate may be made with a transparent uvular portion. Afterward the naso-pharyngeal bulb may be adapted by muscle trimming while the operator observes the muscular activity of the tissues through the transparent base. Thus the desired muscular freedom may be determined and provided before the obturator is completed. After the restoration has been worn, the affected tissue requiring relief may be clearly seen through the transparent base, thus localizing the exact area of the appliance to be adjusted.

Looking into the future I see the need for the development of a suitable investment material before acrylic resins shall become fully applicable to the exacting requirements of prosthetic oral health service. At present, the dental molding of acrylic resins requires an investment of plaster of Paris or artificial stone lined with tinfoil. Unless protected by tinfoil, acrylic resins tend to blanch because of the moisture in such investments. To make tinfoiling unnecessary, several investment materials have been tried of which only one is reasonably satisfactory for use with acrylic resins. We look to the near future when, perhaps, investment materials satisfactory for use with acrylic resins will be available. Such materials must be strong, quick setting, anhydrous, with control of expansion within desired ranges, easily manipulated and without deleteriously affecting the resin. When such investments have been developed, we may expect a more wide spread use of acrylic resins in prosthetic oral health service.

I predict that we will have acrylic resins in an array of colors to meet the needs of the anemic lips of an aged person and the rosy blush of the lips of a young person. We will select acrylic resin, just as we do teeth, to harmonize with the color requirement of the patient.

One other point in that regard—I believe we will soon see acrylic resin repair material which will enable dentists to make cold repairs. For instance, if a patient breaks a denture through the palate, it should be possible to repair it by painting the edges with a liquid that will reunite the broken parts.

Now, in concluding, I want to mention the license agreement you received in the mail just recently. This agreement was sent by a dental manufacturer of acrylic resin asking you to sign your name to a license whereby you will be protected in the use of acrylic resin. If this had happened in the days of our fathers, we would have seen a reorganization of the Dental Protective Societies of the past century. Dentists should not allow themselves to be licensed to use a material which they choose to use in an oral health service. Yet this manufacturer is asking, in a very shrewd and plausible way, that we sign a license contract which will protect us in the use of acrylic resin. Shall we, as a profession serving the public, be granted a license by the manufacturer of acrylic resin? Shall we sign a license in order to protect the manufacturer? I think not. It seems to me that the dental profession should have free choice of dental materials. If you and a majority of dentists sign such agreements, they will, no doubt, be used by the manufacturer to control acrylic resins in dentistry and also in the industries. If the manufacturer can say that every dentist who uses acrylic resin is licensed to use it, they can demand licensure throughout the industries and that may lead ultimately to monopoly.

Thank you. (Applause)

President Alford:

Thank you, Dr. Wright. On behalf of the North Carolina Dental Society, I would like to express our appreciation for this splendid presentation.

President Alford:

The Chair will recognize Dr. Fred Hale, who will report for the nominating committee.

Dr. Hale:

Mr. President, Members of the North Carolina Dental Society and Guests:

The function of this committee is a rather severe departure from custom in the North Carolina Dental Society, but one which does not interfere with the rights and privileges of any member or group of members.

It was prearranged that this committee should report at a General Session on the first day of the Convention, so that should these recommendations fail to conform to any appreciable opinion, there would be ample opportunity for discussion and thought before the election on Tuesday evening.

This committee recommends the following nominees for your consideration:

For President Elect:

Dr. C. C. Poindexter, Greensboro.

For Vice President:

Dr. G. A. Lazenby, Statesville.

For Secretary-Treasurer:

Dr. Paul Fitzgerald, Greenville to succeed himself.

For Members of the State Board of Dental Examiners:

Dr. John Pharr, Charlotte, to succeed Dr. C. C. Poindexter.

Dr. Wilbert Jackson, Clinton, to succeed himself.

For Delegate to the American Dental Association:

Dr. Clyde Minges, Rocky Mount, to succeed himself.

For Alternate Delegates to the American Dental Association:

Dr. D. L. Pridgen, Fayetteville.

Dr. O. R. Hodgins, Thomasville.

Dr. C. C. Poindexter, Greensboro.

Dr. F. O. Alford, Charlotte.

There is nothing in these recommendations or in our Constitution and By-Laws which prohibits nominations from the floor on the night of the election.

Respectfully submitted,

J. A. Sinclair	}	First District
A. C. Current		
John A. McClung	}	Second District
J. P. Bingham		
W. R. McKaughan	}	Third District
A. W. Craver		
D. L. Pridgen	}	Fourth District
C. W. Sanders		
Z. L. Edwards	}	Fifth District
Paul E. Jones		
G. Fred Hale		
Acting Chairman		
President's Appointee		

President Alford:

Thank you, Dr. Hale. As I understand it, Gentleman, these are the nominees from the nominating committee. It does not interfere in any way with nominations coming from the floor tomorrow night. It has been a question whether or not we vote on this report. They are the nominees and we will accept them as such.

President Alford:

The Chair recognizes Dr. Clyde Minges, who will report for the Delegates to the American Dental Association.

Dr. Minges:

Mr. President, Members of the North Carolina Dental Society and Guests:

In presenting to you a report of your Delegates to the American Dental Association, the time allotted necessarily implies that only in the briefest manner possible can even the high spots be touched upon.

It will be our purpose therefore to call to your attention some of the most important problems which have been handled by, or are now facing the American Dental Association.

The first meeting of the House of Delegates of the 81st annual meeting of the American Dental Association was called to order at 10:00 a.m., July 17 by the President, Dr. Marcus Ward.

Dr. Ward in his report gave a thorough account of his Stewardship. Possibly no President of the American Dental Association ever before faced so many trying conditions as did Dr. Ward during his administration.

SECRETARY'S REPORT

The report of the Secretary of the American Dental Association was the next order of business. Brought out in this report is the outstanding fact that in 1927 the American Dental Association had 16 employees and appropriations were made for 13 activities. In 1939 there are 35 employees and this year budgets 32 activities, an increase of more than 100 per cent in both cases. We shall mention this fact later in our report.

TREASURER'S REPORT

We shall only mention one item in this report. The Board of Trustees approved and the House of Delegates voted appropriations in excess of the total estimated income, amounting to \$27,700 which was allocated as follows:

New York World's Fair.....	\$10,000.00
Baltimore Centennial	10,000.00
Memorial to George's Villian.....	200.00
Special Commission of American Dental Association to represent the Association in matters relating to a possible health program....	7,500.00

In view of this fact, it automatically follows that it will be necessary to go into the reserves of the Association to meet these appropriations.

AUDIT

The report of the Audit Committee shows the total assets of the American Dental Association as \$1,215,106.89. While at first glance this might appear to be quite a healthy balance and certainly speaks well for the men who are handling the affairs of the Association; it nevertheless is none too large when we realize the many things the Association is called upon to do.

JUDICIAL COUNCIL

This council is the Supreme Court on Dental Ethics. One hundred and eighty-six opinions were rendered, including requests from the National Dental Association of the Philippine Islands and the Dental Association of Puerto Rico.

DENTAL EDUCATION

This council is composed of three men from the National Association of Dental Examiners, three from the American Association of Dental Schools and three from the American Dental Association, not connected with schools or examiners.

This committee has had numerous meetings and we are reliably informed that a whole time secretary has been employed and that active work is in progress.

This council is affiliated with the American Council on Education and has established a committee on foreign relations. This committee is making a study of conditions in foreign Dental Schools affecting Dental Education in this country.

DENTAL LEGISLATION

A total of 464 bills are reported, ranging from Narcotics to miscellaneous health measures. The most important, perhaps, is the outlawing of the mail order denture racket. This committee is constantly on guard, watching for any legislation that would affect Dentistry either directly or indirectly. Too much cannot be said in commending their wonderful work to you.

DENTAL HEALTH EDUCATION

Much work is being done along this line and this committee expresses the belief that plans can be completed to have the National Education Association evaluate new material, develop and give approval to that intended for use in schools that meet educational standards. The committee already has an arrangement with the U. S. Public Health Service for evaluation and approval of the Dental Health Education Material.

DENTAL RELIEF FUND

The relief fund agency is functioning nicely and increased its payments to worthy members from \$9,949.10 last year to \$12,132.66 up to the present time this year. North Carolina's contribution last year was \$238.00. This compares most favorably with states of similar memberships.

MEMBERSHIP

The total membership of the American Dental Association June 1, 1938 was 40,800. On June 1, 1939 there were 43,359. The total membership as of today is about 46,000.

A nice job is being done by the Membership Committee. We, as individuals can contribute immeasurably if we will only speak to the non-member next door.

COUNCIL ON DENTAL THERAPEUTICS AND BUREAU OF CHEMISTRY

To our mind, the council of Therapeutics and Bureau of Chemistry is one of the most important activities of the American Dental Association. If we are in doubt as to the efficacy of any product, we only have to refer to our Accepted Dental Remedies, which is published by this Bureau. During the past year the council reported on 1,762 products and answered inquiries on approximately 1,030 more. Although this Bureau has been somewhat

hampered due to a lack of funds, we are happy to advise that additional financial aid was given them this year.

PUBLIC HEALTH

Much of this work is still in the experimental stage and various states have different set-ups. The observation of your delegates is that North Carolina, perhaps, has the best or certainly as good a set-up as any state in the union. It is the consensus of opinion of the Public Health Committee that funds intended for dental health work should be specifically ear-marked for this purpose and that a dental division be created with a Dentist in charge. North Carolina has had this for several years.

RESEARCH

The coöperative research work for the fiscal year 1938-1939 includes Denture base materials, Hydro-celloidal impression materials, Coöperative programs with Dentists (Correspondence courses and the clinical testing of materials). The testing of certified materials and miscellaneous activities.

The all important question in research today is the establishing of a foundation for research in Dental Caries. Until such time as the cause of Dental Caries is definitely known, we are only able to repair the damage without removing the cause. There is now before congress a bill to appropriate \$75,000 for research in Dental Caries. We feel encouraged as to its passage.

NATIONAL HEALTH PROGRAM

The report of the activities of this committee covers 29½ pages in the published proceedings of the House of Delegates of the American Dental Association.

A great deal of this has appeared in the *Journal*. This committee appeared before the subcommittee of the Committee on Education and Labor U. S. Senate in Washington.

The discussion in Washington centered around the much discussed Bill, known variously as S. 1620, "The National Health Act of 1939" and as the "Wagner Health Bill."

It was the unanimous opinion of the National Health Program Committee that this bill should be strongly opposed. Upon the advice of this committee, your delegates sent to Representative Doughton the following telegram. Quote—

You have received today from the American Dental Association a telegram, voicing opposition to Senator Wagner's Amendment of H. R. 6635 now being considered in conference of House and Senate. The North Carolina delegation of Dentists in attendance at the annual meeting of the American Dental Association also expresses its opposition to the amendment and urges you as Representative of North Carolina to support this view. End Quote.

This telegram was signed by Dr. H. O. Lineberger, Dr. Wilbert Jackson, Dr. R. M. Olive and Dr. Clyde E. Minges.

This bill was not reported out of Committee last year and most likely will not be during the present session of Congress.

The National Health Program Committee was continued and is leaving no stone unturned in an effort to influence favorable legislation for Dentistry.

DENTAL INSTITUTE OF AMERICA

The Committee appointed to study the Dental Institute of America make these recommendations—

1. Your Committee recommends that the approval of the American Dental Association shall not be given to the Dental Institute of America.

2. That members of the American Dental Association continue to give their support to the Bureau of Public Relations of the American Dental Association and endeavor to find ways and means of enlarging its facilities and influence.

WOMAN'S AUXILIARY

A resolution by Dr. Rice of California that the Board of Trustees of the American Dental Association be authorized and instructed to appoint the necessary committees to assist and guide a Woman's Auxiliary on a self-supporting basis was referred to the Committee on Miscellaneous Business, who made the following recommendation: "That the formation of a National Auxiliary be deferred until the so-called favorable states are organized, at which time it may be reconsidered and that the committees be continued for the purpose of giving information and encouragement to those state societies which may desire to organize auxiliaries."

DUES

The open hearing on the question of dues was held in the Pere Marquette Room in the Schroeder Hotel between the hours of three-thirty and six p.m. on Tuesday, July 18. Thirty-five members of the Association were present, including the entire Budget Committee of the Board of Trustees. The following State Associations were represented officially in the discussion of the question: Iowa, Massachusetts, Ohio, Texas, Illinois, North Carolina, Kansas, Arkansas, Colorado, Minnesota, California, Nebraska, Missouri, Tennessee and Wisconsin.

Of these fifteen states, the evidence showed that the delegates from four states had been instructed by their State Association to vote against any increase in dues; the delegates from one state were instructed to favor a \$1.00 increase in dues; the delegates from eight states were not instructed; the delegates from two states were instructed to vote for the \$2.00 increase in dues, provided that funds be used to provide for some specific activity or increased function in the Central Office.

Your committee is of the opinion that the proposed amendment calls attention to a number of important questions and problems such as:

(1) Can the American Dental Association offer adequate protection to its membership from the influences now at work outside of the Association and at the same time, maintain the activities that the House of Delegates has approved in the past years?

(2) Can cuts in the budget be made, based on no increase in dues, without seriously hampering the essential activities of the Association or without dipping too deeply into the reserve funds of the Association?

(3) Is the problem of increasing the dues \$2.00 a truly and serious economic handicap, or is it largely a psychological hurdle for our members to consider?

(4) If there is actual need for a \$2.00 increase in dues as proposed in St. Louis by the Board of Trustees, is it wise to compromise on a \$1.00 increase?

(5) Can the American Dental Association and its component societies meet the demands created by the changing social tendencies and at the same time respond to the desire for increased activities and services from the general membership without raising its dues?

We are of the opinion that the membership desires to continue the present activities of the Association, and that these activities will naturally expand in the future as the profession responds to public needs.

It is our opinion that if an increase in dues is voted, that there will be no greater loss of membership from a \$2.00 increase than from a \$1.00 increase because we are convinced that in the final analysis, the problem is not nearly so great an economic one with the rank and file members as it is a psychologic problem with those members and their leaders. It is only natural to resist death, dues, and taxes.

In view of the needs of the Association, as expressed in the plans and demands of its officers, committees, members and the general public, your Committee is of the opinion that the dues to this Association should be raised \$2 as provided by the proposed amendment.

However, if this amendment is adopted this year (1939) many State Dental Associations would have to pay the increase out of their own treasuries because they have made no provision in their Constitution or By-Laws to collect additional revenue from their own members. We also recognize the need for a great deal of work to be done by the American Dental Association and its component societies to acquaint the general membership with the necessity for such an increase in dues.

Your Committee therefore recommends:

(1) That all State Dental Associations and component societies be urged at once to make such changes in their Constitution and By-Laws as will authorize those organizations to collect an additional \$2 dues for the American Dental Association.

(2) That the American Dental Association and all component societies carry out thoroughly a plan to acquaint the general membership with their own needs as expressed by the demands of the aggregate membership in this Association.

In view of the foregoing, we do not believe it necessary to make further comment. I might say that your delegates last year were instructed to vote against a raise in dues, which we would have done, had a vote been taken. However, it is the opinion of your delegates that a raise in dues is absolutely necessary and it is to be hoped that your delegates next year will not be instructed to oppose this measure.

Dr. Lineberger was delegated to represent North Carolina before the Special Reference Committee and it was largely through his efforts that a vote was not taken on the question.

We are fortunate in having with us at this meeting our Trustee from the Fifth District, Dr. Olin Kirkland. Dr. Kirkland is naturally more familiar with the needs of the American Dental Association than we are. I have discussed with him at length the question of dues and he will have something to say about it, when he appears before us.

Dr. Kirkland has not only made a study of this subject but of the numerous other problems facing Dentistry. His message will be one of importance to us all.

ATTENDANCE

The general attendance at the National Meetings is gradually rising. Each year, more men are taking advantage of this wonderful opportunity to improve themselves.

According to the best information we could get there were 22 men from North Carolina, attending the meeting in Milwaukee, as follows: Drs. W. T. Martin, H. M. Patterson, Neal Sheffield, J. A. Sinclair, C. D. Wheeler, H. O. Lineberger, Wilbert Jackson, R. M. Olive, F. O. Alford, W. F. Bell, Ernest A. Branch, Lewis F. Bumgardner, L. G. Coble, Ralph D. Coffey, A. C. Current, R. L. Falls, Burke W. Fox, K. L. Johnson, P. E. Jones, W. D.

Lanier, Jr., A. W. Craver and Clyde E. Minges. If we have failed to mention the name of anyone attending, we hope it will be called to our attention.

BUDGET

The askings for the year totaled \$355,640. The anticipated income is \$322,500. By much juggling the askings were reduced to \$335,255 which left the budget out of balance \$12,755. However, a motion finally passed the House that the budget committee be instructed to reduce its budget 5 per cent.

OFFICERS

Dr. Wilfred H. Robinson of California was elected President Elect; Dr. F. A. Bull of Wisconsin, First Vice President; Dr. B. Lucien Brun of Maryland, Second Vice President; Dr. T. Ford Leggett of Mississippi, as Third Vice President and Dr. R. H. Volland was elected Treasurer. Cleveland, Ohio was selected as the next meeting place.

In the compilation of this report, we have used as reference and quoted largely from the Proceedings of the American Dental Association, *The Journal* of the American Dental Association and from reports of authorized agencies of the American Dental Association.

In this connection, I am told that Dr. Merritt, our President-elect of the American Dental Association will be on the program tomorrow and I feel reasonably certain that he will, along with a great many other things, have something to say in regard to the dues proposition.

Drs. Lineberger and Jackson are here and I am wondering if they wouldn't like to supplement this report in any way, particularly in regard to the necessity for raising dues—if they will be so kind as to make a few observations. (Applause)

Dr. Lineberger:

I will say that I attended that meeting that Dr. Minges spoke of where the matter of dues was discussed for three hours. I was greatly impressed with the great number of activities which the American Dental Association is now interested in and also those activities which would be of such great benefit to us if they only had a little more money. I do hope you will think seriously about this matter when the proposition of dues comes before us at this meeting.

Dr. Minges:

Dr. Jackson is not in the room.

President Alford:

I am making the request that as many Chairmen of Committees as possible report to the House of Delegates this afternoon. We want to get as many reports off as we possibly can because there are other matters to come up at later sessions.

At this time I'd rather like to recognize Dr. J. Martin Fleming to report for the Library and Historical Commission.

REPORT OF LIBRARY COMMITTEE

For the past two years the Chairman of your Library Committee has been collecting all old records and all standard magazines and dental journals such as the Proceedings of the North Carolina Dental Society, the *Cosmos*, the *Journal* of the American Dental Association, *The Journal of Dental Research*, The Transactions of the American Dental Association, The Transactions of the International Dental Congress and literature of that type.

Probably there have come into our hands at least 50,000 magazines, pamphlets and what not, and it has been a task to separate them and arrange them in sequence.

Then after doing that a place to keep them was the next item. No private office could furnish room sufficient nor did the State Hall of History care for them, except those relating to North Carolina, and we did not feel that we should divide them. Finally we appealed to the Library of the University of North Carolina and they said they would be glad to have them, to catalogue them and to make them available to any one desiring to refer to them. That seemed to be about all that we could ask them to do and so we have made a beginning there.

We have deposited there almost complete files of *The Dental Cosmos* from 1898 to the time of its discontinuance—some copies are missing from 1898 to 1902—but from 1903 the files are complete.

In the *Journal* of the American Dental Association the files are almost complete from 1915 through 1939, some of the earlier years are not complete but we are constantly filling in. In the published Transactions of the American Dental Society we have from 1898 to 1912 complete and in bound volumes—then a break of 12 years and from 1924 to 1935, except 1921, these unbound. In the *Journal of Dental Research* we have from 1934 to 1939 complete, unbound.

We are probably less fortunate with our own Proceedings, but we have two bound volumes, 1898 to 1904 and 1905 to 1912. These came to us from the Library of the late Dr. Tucker. We are making every effort to make these files absolutely complete and we have collected many other North Carolina copies but not consecutive ones. We know that one or two sets of the bound copies of the North Carolina Proceedings are in existence; I, myself, having one and Dr. I. H. Davis having another, but they are more or less personal things, and we hate to part with them; but they are available if necessary to complete an unbroken file in the State University Library.

In many offices of the State you probably have these old State Proceedings covered with dust, of no good to you, and we would certainly appreciate any from 1912 to date.

We have also in our collection one bound volume of the History of Dentistry in Missouri and another of New Jersey.

Much of the material, especially of the older magazines, came from the offices of the late Dr. R. H. Jones of Winston-Salem and Dr. R. M. Squires of Wake Forest, and added to these Dr. Wm. A. Hays of High Point and Dr. J. A. McClung of Winston-Salem have furnished us many valuable ones.

We are proud to have made this beginning and we hope to add to it and keep it up to date as the years go by.

We will later ask the privilege of publishing in our State *Bulletin*, the *Bulletin* being more widely read, a list of needed magazines to complete files and we ask your coöperation and help.

I submit, too, a personal expense account of \$16.50—stenographer, postage, gasoline, etc.

A supplemental report of other activities of the Committee will be made by Dr. Martin.

Respectfully submitted,

J. MARTIN FLEMING,
for the Committee.

(Applause)

President Alford:

Dr. Fleming, I'd like to thank you for this report and we certainly appreciate the work which you have done in connection with this committee.

Is there any further business to come before this meeting? If not, I will entertain a motion for adjournment.

Motion made and seconded and meeting adjourned at 12:50 to reconvene at 2:00 p.m.

GENERAL SESSION

MONDAY AFTERNOON, MAY 6, 1940

President Alford:

The meeting will please come to order.

I shall ask Dr. Branch to introduce our next speaker.

Dr. E. A. Branch (Raleigh):

Mr. President and Friends:

The dental profession has taken great interest in diet, a great interest in diet in its relationship to tooth decay, the building of a sound tooth and keeping that tooth sound. We are fortunate, this afternoon, in having the foremost man, not only in this country but throughout the world, to come to us and talk to us about diet and that part of it that is of particular interest in dentistry. I don't think it would be fitting at all for me to try to enumerate the accomplishments of the speaker this afternoon. It would be sufficient for me to say to any group of scientists that the speaker was Dr. E. V. McCollum and that would be sufficient. We are happy this afternoon that we may be privileged to have an opportunity of having Dr. McCollum speak to the North Carolina Dental Society. (Applause)

Dr. E. V. McCollum, B.A., M.A., Ph.D. (Baltimore, Md.):

Mr. Chairman and Members of the North Carolina Dental Society:

It is a great pleasure to me to be your guest on this occasion and I am going to try to give you such information about the body of knowledge which has come from modern research in nutrition as will give you a better appreciation than you may now have.

SOME NEWER ASPECTS OF NUTRITION

During the past forty years nutritional investigations have followed lines directed toward simplifying experimental diets from the chemical standpoint, with the view of discovering what simple substances the body must have for its normal nutrition. The subject is one of the greatest complexity, necessitating on the one hand the addition of known substances to deficient

diets, and on the other, the separation of natural foods into their numerous components in order that these may be identified chemically. There remain many specific problems for clarification, but extraordinary progress has been made in elucidating the number and chemical nature of individual nutrients, and in observing the nature of the pathological processes which result from lack of individual nutrients.

Proteins.

Research on the protein moiety of the diet has been directed to the investigation of the number and kinds of the 23 known amino acids which result from protein digestion, and to determination of which are indispensable and which are dispensable in the diet. It seems to be established that for growth, 10, and for maintenance of the adult rat, 7 are necessary.

The physician is interested in the protein element in the diet because hypoproteinemia induces edema. "Wet beriberi," hunger edema, war edema, prison edema, are common synonyms for edema due to hypoproteinemia. Surgeons are interested in this condition because, even in its early and mild stages, it causes slowing of the peristaltic rate of the gastrointestinal tract, and delayed healing of wounds. The edema of pregnant women is now known to be not infrequently caused by deficiency of protein arising from poor quality of diet or from loss of appetite (often occasioned by thiamin deficiency), or by frequent vomiting.

Mineral Elements.

It was early appreciated by physiologists that since the osseous system is composed in large measure of tri-calcium phosphate, the elements calcium and phosphorus were needed in considerable amounts in the diet. The sodium chloride of the blood plasma and the craving for salt which both man and animals experience when deprived of sodium chloride, were convincing evidence that these are essential nutrients. Likewise, the high content of potassium in muscles as compared with blood, indicated that this element plays an indispensable role in nutrition. Iron, a structural element in hemoglobin, and iodine in the hormone of the thyroid, pointed clearly to their importance for health. Sulphur is a constituent of body proteins and was likewise accepted as an indispensable nutrient. The necessity for supplying these elements in the diet was easily demonstrated. More searching investigations were necessary to demonstrate the physiological importance of certain other mineral elements.

Recent evidence demonstrates conclusively that magnesium, copper, manganese, zinc and cobalt are essential in the diet, although it appears that in the case of cobalt and manganese their importance differs in different species.

Complete deficiency of magnesium causes the content of this element in the blood to fall to about one-fourth its normal level. When this occurs there follows a remarkable vasodilatation in the skin, extraordinary hyperirritability and tetanic seizures. This condition has caused economic loss in cattle in certain districts in Holland, but has not been reported elsewhere. The symptoms of this deficiency have been observed only in animals. In a few patients it has been found that hyperirritability is concomitant with low blood magnesium, but our knowledge of the importance of magnesium deficiency in man is very inadequate.

Experimental studies of manganese deficiency have yielded results of great practical importance in poultry husbandry. Manganese deficiency was first produced in the rat by removal of this element from the food. The results are striking. Females continued to ovulate normally and to carry their young

to maturity, but these do not survive beyond a few hours after birth. The cause appears to reside in failure of mammary development. Accompanying this is absence of maternal instinct to care for the young. In males, deficiency of this element causes irreversible sterility, due to testicular degeneration. It is remarkable that the manifestations of manganese deficiency are so different in the sexes.

The most important discovery in relation to manganese deficiency is its association with the abnormality of the bones in poultry long known as "slip tendon" or perosis. This disease has been widespread for years, and has caused millions of deformed chickens. The tendon slips off the lower condyle of the tibia, depriving the chicken of the use of the leg. Deficiency of manganese is the cause of this condition. Only 30 to 40 parts per million of manganese in the feed is necessary for the maintenance of normal skeletal tissues. It has also been shown that in this deficiency the long bones of the legs and wings are abnormally short. At the Kentucky Agricultural Experiment Station it was shown that eggs from hens restricted to a manganese-deficient diet have a hatchability of about 10 per cent. The embryos develop until a few days before hatching time and then die in the shell. The bones of these chick embryos are very short. When eggs from the same hens were treated with 1 mg. of manganese in the form of the chloride by dropping the solution into the egg through a hole in the shell, then sealing the hole and incubating the eggs a hatchability of about 70 per cent resulted and the chicks were normal. Supplementing chick rations with this element is now common practice among intelligent poultrymen and feed manufacturers. The economic value of this discovery is very great.

Copper has been found to be essential for iron utilization. The mode of its participation in this process is not understood. A number of clinical studies on infants and adults show that perhaps one in 25 anemic persons may respond to copper administration. Such a report comes from England. In general, clinicians believe that copper deficiency is rare. When pasteurized milk is taken, it supplies an abundance of copper, since milk acquires some copper from the pasteurization equipment.

Zinc has been shown to be essential for the maintenance of health of animals, but we do not yet know what role it plays in normal metabolism.

The history of research on cobalt is extremely interesting. For many years sheep in South Australia, New Zealand and parts of Scotland, suffered in great numbers from a peculiar type of anemia of unknown etiology. Iron administration did not benefit the animals on certain ranches, but did on others. After 15 years of research it was shown that this anemia was caused by deficiency of the element cobalt. Very little is necessary but the pastures did not supply enough. This anemia afflicts sheep and cattle, but horses may graze on the same range without showing any ill effects.

The Vitamins.

The vitamins which have been studied to the point of elucidating their molecular structures and (in all but one instance) synthesized by chemists are: thiamin or vitamin B₁, riboflavin, nicotinic acid, pyridoxin or vitamin B₆, ascorbic acid or vitamin C, pantothenic acid, and vitamins A, D, E and K. Vitamin D has not been synthesized but its chemical nature is clear.

Thiamin. This is the vitamin B₁ of former years. It is the nutrient a deficiency of which causes beriberi. For years this disease was supposed to be caused primarily by nerve injury, but it is now known that the vitamin participates in the metabolism of glucose. In thiamin deficiency, pyruvic acid, which is an intermediary in sugar metabolism, accumulates in the tissues and causes nerve derangement.

Since beriberi has long been a serious health problem in countries where polished rice is the chief staple food, but did not frequently occur in other parts of the world, it was generally believed that there was no shortage of this vitamin in America. Clinicians are now convinced that many cases of neuritis are due to this specific deficiency. Neuritis caused by arsenical lead, bacterial or other poisons, trauma, etc., do not respond to thiamin therapy. On the other hand, neuritis associated with pellagra, pernicious anemia, sprue, beriberi, alcoholism, pernicious vomiting, hunger edema, pregnancy, chronic colitis, cancer with cachexia, tuberculosis with cachexia, diabetes, myxedema and chronic bacillary dysentery, does respond to thiamin therapy. Thiamin therapy is now established and the pure synthetic vitamin is available.

Riboflavin. This vitamin is a yellow pigment which is widely distributed in foods. It is available both as the natural product, separated in large amounts from whey, and also as the synthetic product. The earliest symptoms of riboflavin deficiency are reddened, denuded lesions of the lips, maceration and fissuring in the mouth angles, and seborrheic accumulations at the nasolabial folds. The tongue has a magenta color in contrast to the pink tongue of the pellagrin. More recently it has been shown that in this deficiency state new capillary vessels grow into the corneae, causing retinitis of a type long familiar to ophthalmologists. This retinitis had been observed in experimental rats before it was looked for in human subjects.

Nicotinic acid. Nicotinic acid has been so much discussed during the last two years that little need be said about it here. A deficiency of this nutrient causes the development of most of the symptoms of pellagra. Its therapeutic value is very important. Its discovery was made possible by the demonstration years ago that the disease known as blacktongue in dogs is the analog of pellagra in man. Nicotinic acid was found to cure blacktongue. It was promptly tried out therapeutically on pellagrins, and with amazing results.

Pyridoxin or Vitamin B₆. The discovery of vitamin B₆, recently officially named pyridoxin, resulted from the production of a nutritional disease in rats so suggestive of acrodynia of children that it was called "rat acrodynia." Recent reports of experimental studies and of clinical observations throw some light on the nature of the metabolic disturbances which characterize a deficiency of this nutrient. In the treatment of pellagrous patients believed to be suffering also from multiple deficiencies, Spies and his associates observed certain ones who responded to treatment with nicotinic acid, thiamin and riboflavin, but who still complained of nervousness, insomnia, irritability, abdominal pain, weakness and difficulty in walking. Upon the administration of vitamin B₆ these symptoms disappeared. However, more observations are necessary before drawing definite conclusions.

Lepkovsky and associates reported that when dogs were restricted to a diet which supplied all known dietary factors except pyridoxin (B₆), they developed severe hypochromic, microcytic anemia, which could be cured promptly by the administration of this vitamin. They employed the product isolated from natural foods. Borson and Mettier repeated these studies and found that animals are cured equally readily with the synthetic vitamin. Thus far no similar observations have been made on human subjects.

Ascorbic Acid. The substance to which fresh fruits and vegetables owe their antiscorbutic value is ascorbic acid. Ascorbic acid deficiency causes weakening of the capillary blood vessels and consequent susceptibility to hemorrhage. In this deficiency state the odontoblasts are injured, and if scurvy or subclinical scurvy occurs during the period when the teeth are developing, the dentin is adversely affected. In the mature tooth, deficiency of ascorbic acid may injure the odontoblastic membrane, causing it to separate

from the dentin, with rupture of the Tomes fibrils, and the deposition between the separate odontoblastic membrane and the dentin of secondary, amorphous dentin. If this occurs the nutrition of the dentin is permanently interfered with.

Another important function of ascorbic acid seems to be its participation in some way with the destruction of poisons of several kinds. The vitamin is reversibly oxidizable and reducible, and so appears to take part in certain oxidation reactions in the tissues. Thus King found that guinea pigs which were partially depleted of their store of ascorbic acid were profoundly injured by one-half a minimum lethal dose of diphtheria toxin, whereas other guinea pigs kept under similar conditions, but given such amounts of ascorbic acid as were sufficient to keep the tissues saturated with it, tolerated with little injury the same dose of the toxin. He found the animals responded in a similar manner to several other types of bacterial poisons. On the basis of these observations it seems we may conclude that one who experiences any one of many infections may be greatly safeguarded against injury by keeping the tissues saturated with the vitamin.

An interesting observation is that patients with fever use up ascorbic acid much faster than do persons with normal temperature. Whereas normal individuals tend to excrete in the urine such amounts of ascorbic acid as are administered above 35 to 40 mg. daily, two to four times this amount must be administered to tuberculous patients in order to cause them to excrete the vitamin in appreciable amounts. All fever patients should be given very liberal amounts of fruit juices or other sources of ascorbic acid in order to prevent deficiency of this vitamin in the tissues.

There is a clinical literature which seems to show that many anemic persons who do not respond to iron medication are better able to assimilate iron when it is administered along with a diet containing an abundance of fresh fruits and vegetables. That this beneficial effect is due to the provision of ascorbic acid seems to be established by English physicians who observed remarkable response in anemic patients given synthetic ascorbic acid, and no iron other than that contained in the usual diet.

Pantothenic Acid. For several years the existence of this vitamin has been known. It has been recently synthesized by chemists but its physiological role is still little understood. It is known to be essential for the prevention of a pellagra-like syndrome in chicks.

Vitamin A. This nutrient occurs in abundance in fish liver oils, and in the fats of liver, kidney and other glandular organs, but does not occur in the vegetable kingdom. Instead we find in plants certain yellow pigments called carotenes. There are three of these, viz., alpha, beta and gamma carotene. In the liver, beta carotene is converted into two molecules of vitamin A, whereas the other two yield each one molecule of the vitamin. There is another related pigment in yellow maize, called cryptoxanthine, which likewise yields vitamin A in the liver.

The outstanding role of this nutrient is the preservation of the health of the epithelia. In the deficiency state resulting from deprivation of vitamin A the epithelia become keratinized and tend to desquamate in plaques. This occurs in glands and in the lungs as well as elsewhere. These plaques form foreign bodies and may result in cysts. It is not yet clear to what extent keratinization of the epithelia of the respiratory tract impairs the function of the mucosa as respects their power to protect themselves against invasion of micro-organism. Many investigators have reported results of experimental studies which support the view that vitamin A deficiency predisposes to infections. There are likewise data which are interpreted to the contrary.

Since the desquamated, keratinized epithelial cells in the pilosebaceous

follicles of the skin are unable to escape from the pockets where they are released, the debris accumulates and distends the follicles so that in severe A deficiency states there may be found plugs in these follicles as large as rice grains. Upon the provision of vitamin A these plugs are extruded and the skin returns to a normal condition.

Vitamin A and Visual Adaptation. One of the most important functions of vitamin A is its relation to visual purple of the retina. It is one of the structural components of this pigment which is necessary in the retina for rapid adaptation of the eye for acute vision in dim light after exposure of the eye to bright light. It has been known for years that extreme deprivation of vitamin A causes night blindness and that the condition is relieved by the administration of the vitamin. Several modifications of the biophotometer have been developed by biophysicists for the purpose of detecting early stages of deficiency of this nutrient. There is still some argument about the efficiency of the test and of the merits of instruments of different construction. It is well established, however, that visual tests have considerable value for determining the existence of vitamin A deficiency.

Vitamin E (Alpha-tocopherol). Vitamin E is one of the essential nutrients provided by the normal diet. Most of the experimental work with this substance has related to its role in fertility, and most of the studies have been made on rats and guinea pigs. Female animals deprived of alpha-tocopherol continue to ovulate in a normal manner and their ova are capable of fertilization. The ova of the rat develop free in the uterus during the first 6 days after fertilization, and implant on the seventh day. On the thirteenth day there develops some defect of the placenta which results in the death of the fetuses, which are resorbed. In the male rat, E deficiency results after about 100 days in progressive testicular degeneration and irreversible sterility. Vitamin A deficiency also causes sterility, but this is curable by the administration of the vitamin.

Some clinical studies have been reported which indicate that alpha-tocopherol is indispensable for normal human reproduction. Series of women who have experienced repeated miscarriages have, after early and continued administration of the vitamin in the form of wheat germ oil or concentrates made from it, been delivered subsequently of normal infants at full term. The administration of the vitamin to women who have developed a deficiency of it in early pregnancy seems not to ward off threatened abortion.

About a year ago a new and hitherto unsuspected function of alpha-tocopherol was discovered. In the rabbits and guinea pigs, deprivation of alpha-tocopherol causes in about 7 weeks the development of fatal muscle dystrophy. The animals can be restored to health in a dramatic manner by administering either the natural or the synthetic form of the vitamin, even as late as 24 hours before collapse. One English physician, Dr. Bicknell, has reported successful treatment of about 20 patients suffering from muscle dystrophy. It is yet too soon to draw final conclusions concerning the therapeutic value of this vitamin.

Vitamin D. The function of this nutrient in its relation to the maintenance of a normal concentration of phosphate and of calcium in the blood plasma is well known, and prophylactic protection of infants and children against rickets is now nearly universal in Europe and America. The relation of a deficiency state as respects this vitamin to susceptibility to infections has been considered both experimentally and clinically, but there is still lack of agreement on this point. In former years, when rickets was a common disease, it was well known that ricketic children were more than normally liable to respiratory infections. This is easily understandable considering

that in this disease the thorax loses its rigidity, and flabbiness of the muscles and lowered muscle tone are as characteristic of rickets as is failure of certain developmental features in the osseous system. These features of the disease were responsible for defective breathing. Atelectatic areas formed in the lungs and offered sites favorable for the establishment of infective processes.

The role of vitamins A, C and D in tooth development is of particular interest to the dental profession. The experimental studies on the effect of each of these three nutrients on tooth formation have yielded data which are generally accepted as representing established facts. Briefly, these facts are as follows:

The ameloblasts, which constitute the enamel-forming organ, are of epithelial origin, hence they share with other epithelia the property of being peculiarly susceptible to injury by deprivation of vitamin A. Both their histological appearance and their physiological function are altered. Enamel rods of inferior structure develop and in severe deficiency many rods may be missing in the matured tooth. This results in hypoplastic enamel.

If the ameloblasts are kept normal by the provision of all of the essential nutrients except vitamin D, a reduction of the phosphate and calcium content of the blood plasma may occur. Under such conditions even though the ameloblasts are normal it is not possible to draw from the blood the calcium and phosphate ions necessary for the formation of enamel. Hence hypoplastic enamel may arise from this condition as well as from uncomplicated vitamin A deficiency.

The odontoblasts are morphologically of endothelial origin, and do not show the sensitivity to vitamin A deficiency as is exhibited by the epithelial ameloblasts. On the other hand, they are peculiarly susceptible to injury by vitamin C deprivation. Hypoplasia of the dentin may arise from this cause.

Deficiency States and the Character of the Oral Flora. About 20 years ago a mouth condition in dogs was described by a group of Yale University investigators and by the late Dr. Goldberger. This was interpreted as being similar to pellagra. There was marked inflammation of the oral mucosa, and fetid plaques could be wiped off with a cotton swab. The Yale group found that their dogs quickly recovered from this stomatitis when they were fed butter or boiled carrots. Goldberger could not cure his animals with these foods, but got a prompt response by giving yeast, which did not cure the New Haven animals. The cause of these conflicting observations on dogs which in both laboratories were believed to be suffering from the analog of pellagra in man, remained a mystery until about two years ago when they were explained by Dr. David Smith of Duke University. He found that the Yale group produced in their dogs vitamin A deficiency, and that Goldberger's dogs were suffering from depletion of nicotinic acid. The oral lesions in the two conditions were alike. They were not primary but secondary effects of two kinds of nutritive deficiencies. The flora in each case was the fuscospirochetal symbiotic flora associated with the etiology of Vincent's angina, pyorrhea and fusospirochetal disease of the lungs. We have, up to the present time, no thorough study of the therapeutic potency of optimal diets in the care of these diseases in man. It should be generally known that the maintenance of optimal nutrition may be an effective prophylactic measure against the flowering out of this pernicious oral flora.

Vitamin K. Some years ago it was observed in Denmark that chicks restricted to experimental diets developed extensive hemorrhages both in the skin and internal. The condition suggested scurvy but did not respond to ascorbic acid administration. This started a long series of investigations

in several laboratories in different countries. About a year ago the nutrient, a deficiency of which caused the condition, was isolated and almost immediately thereafter it was synthesized. It is known as vitamin K. It is of great importance to surgeons and is being extensively used for preparing patients with reduced blood prothrombin for operations. Its usefulness thus far has been limited to three types of patients: those with obstructive jaundice, in which condition there is delayed clotting time of the blood; to treatment of a hemorrhagic tendency in new-born infants; and to treatment of hemorrhagic retinitis.

From the foregoing brief summary of some of the outstanding achievements of nutrition by biochemical methods, and animal experimentation, it will be seen that we now possess a considerable knowledge of the chemistry of foods and of nutritional processes. We know a great deal about the distribution in natural foods of the several individual chemical substances which are essential components of an adequate diet. While there remains much to be discovered through further study, we are now in a position to assess with considerable accuracy the nutritive properties of many combinations of our ordinary foods. A by-product of these investigations is an extensive knowledge of the pathology of many deficiency states. Such knowledge has enabled physicians to recognize in human subjects deficiency diseases of several types, the etiology of which was unknown but a few years ago. The discovery of the causes of these conditions has been, in each instance, immediately attended by an insight into the means of prevention and cure. The dental as well as the medical profession has been given an insight into the etiology of conditions which were hitherto unexplainable. In both medical and dental education, students should henceforth be taught the fundamentals of the new nutritional science. (Applause)

President Alford:

No doubt there are many questions that you would like to ask Dr. McCollum. Due to lack of time we can't have discussion. Any questions you have, he'd be glad to answer personally.

Dr. McCollum, we'd like to thank you for coming and bringing this paper to us.

At this time I'd like to recognize Dr. Clyde Minges who will introduce our next speaker.

Dr. Clyde E. Minges (Rocky Mount):

Mr. President, Members of the North Carolina Dental Society and Guests:

Several times in my life I have been asked to present speakers. On a few of those occasions just prior to a speaker appearing on the program someone would come and ask me, "Do you know Dr. So and So—by the way, I want you to introduce him as the next speaker." That, however, is not the case today. I have known the speaker who will appear before us this afternoon all my dental life. When I entered the University at Louisville in 1916, this man was a Senior at that institution. He was a most outstanding man as a student. He graduated and was employed by his Alma Mater as part time instructor. He served for a year or two. My figures are perhaps not exactly correct, but in the aggregate they are. His practice reached such proportions that he

could not divide his duties. He devoted all of his time to the practice of his profession. At the end of about four or five years, this man, due to his outstanding ability was selected as a member of the Examining Board of the State of Kentucky. Prior to that time he was President of the Louisville Association which had a membership of several hundred. He served on the Board of Examiners some twelve, fifteen or eighteen years. He served for twelve years as Secretary. In the meantime he found time to serve as President of the State Association. He found time to serve on practically every important committee of the American Dental Association. He found time to serve as a member of the National Association of Dental Examiners and that institution today owes really its actual existence to the efforts of this man. He served as President of that Association about five or six years ago. He served on the Educational Council—the old Council, I believe—and was very active in the reorganization and served as a member of that until he resigned from the Board a few months ago, to accept a position as teacher in the University of Louisville. As I said, I have known this man intimately and have had occasion to observe his work over a period of the sixteen years that I have attended the American Dental Association. I have heard said of this man that there is not a better mind in the profession of dentistry in the United States—and that is said of our speaker who will appear before you this afternoon. It is a privilege, therefore, and I am proud to present to you a close personal friend of mine and one of the outstanding men in dentistry today, Dr. Robert L. Sprau, of Louisville, Kentucky. (Applause)

Dr. Robert L. Sprau, F.A.C.D., D.D.S. (Louisville, Kentucky):

President Alford, Ladies and Gentlemen, Members of the North Carolina Dental Society:

After that introduction, I don't think I can do any speaking at all. However, most of you know Clyde. He puts it on pretty heavy, but in this consideration I am presenting to you, I hope you will keep in mind the figures that are quoted. We are speaking in averages.

DENTAL ECONOMICS

Dental economics usually stimulates interest in an increase in income. Truly, it deals with an efficient oral service, under existing conditions.

Such service is by no means a one-sided consideration; it includes the dental profession as well as the public, the doctor as well as the patient. The patient is entitled to a service of the best type, for which he or she can and will pay. The doctor will be reimbursed for rendering this service in keeping with the conditions of his practice.

The dental profession as a whole, desires to render the best oral service possible. At the same time, the individuals of the profession are vitally interested in the return from the service they render.

This interest for some is an accumulation of worldly goods, but for the average individual it is a condition of necessity, or a desire to carry out a plan of living, either expressed or implied. In most instances, the desire is not ex-

pressed nor is a plan of living considered at the beginning of the earning period. Life would be brighter and happier were some plan adopted to anticipate the requirements of living economically.

The members of the dental profession are no exception to this condition. They, in general, are considered "poor business men." In the past, dental education considered only the operative needs of its graduates, giving no attention to the business of the practice. Today this condition is being corrected. Much of the dentist's poor business could be remedied by adopting a plan of living and giving some attention to the business of his practice. Although the practice of dentistry should not become a business, the dentist should recognize that certain business methods are essential. After all, the practice of dentistry is a means of producing an income to supply the living requirements for a family. As such, it becomes an economic problem.

In approaching any problem, three things are usually developed: First, a goal or desired end is established; Second, a review or summation of what exists to achieve the goal or desire; and, Third, some plan of procedure to attain the goal or desire.

No two individuals will have the same plan of living; their desires will be as variable as the days to come. But reduced to a simple statement, the average individual will establish as his goal or desire living requirements for his family. Then it becomes necessary to elaborate this desire to determine what the living requirements are for the average family.

Ignoring the many variable statistics on living, this requirement may be established from the exemptions of the federal income tax. The 1930 census showed the average American family to consist of husband and wife, two children, and one other dependent. Other information indicates this to be the family size of a majority of the dentists. The two children will be a responsibility for perhaps twenty years, although the government recognizes only eighteen years. The dependent will probably be a responsibility for a similar period. The income tax exemptions allow four hundred dollars per year for each child and each dependent. For the average family the need will be a total of twelve hundred dollars annually for twenty years, a total requirement for these dependents of twenty-four thousand dollars. The husband and wife, by the same token, are allowed twenty-five hundred dollars annually, which is accepted as their requirement. This latter requirement will continue throughout the practice life of the dentist, which has been established by some as forty-two years. The total income requirement for husband and wife for this period will be one hundred and five thousand dollars net income, slightly better than three thousand dollars annually.

The report of the United States Department of Commerce on "Economic Conditions in the Dental Profession, 1929-37," shows the average expense of the general dental practitioner to be forty-four per cent. The gross income for this period of forty-two years to accomplish the goal or desire as set up would be a grand total of two hundred and thirty thousand dollars, or an annual gross practice of slightly less than five thousand five hundred dollars.

The income requirement will be greater during the time of the full family, or a total of thirty-seven hundred dollars per year, with a gross of six thousand six hundred dollars. During the other twenty-two years, a gross practice of four thousand four hundred dollars will be sufficient to produce the twenty-five hundred dollars net income annually.

Having established our goal, and before proceeding with the second consideration, it would be well to compare our goal or desire with the existing conditions. Referring again to the report of the Commerce Department, it is found that sixty per cent of the dentists have incomes under the established goal or desire. Thirty-three per cent have incomes under two thousand dollars.

The average income for 1937 was nearly twenty-eight hundred dollars. This report also shows that the income average at the peak of earning after fifteen years of practice never reaches this goal or desire. With these deductions and general statements, the goal or desire is seen to exceed the income for 1937 by approximately nine hundred dollars. The first part of this consideration, then, evolves itself into a question of increased income.

The second consideration has to do with "what is available to carry out this job" of meeting our goal or desire by increasing the income. Briefly stated, the dentist has an education in dentistry, and an office established with the equipment necessary to carry on a dental practice. This education in dentistry is in a specialized field of health service, and no other group is so educated. This field includes the most prevalent disease of mankind, dental caries. Before beginning the practice of dentistry, a specified training must have been successfully pursued. Dentistry is an important profession, and society has recognized it as such by enacting laws requiring this special education before beginning practice, the motive being self-protection. This education was not forced on us. It was voluntarily undertaken and secured by our own industriousness. The dental office as established and equipped is merely a question of buying. Usually the equipment is suggested by some salesman, and generally is in excess of the needs.

The education and equipment are within our direct control, to do with as we please, being regulated only by the bounds of the dental laws, the ethics of the profession, and the general laws of society.

In addition to the above, there is a certain following of patients or clientele, as some prefer, that visit the dental offices. This is a most important asset and quite often its value is not appreciated and cultivated. The experiences illustrated show the return from the average clientele is not sufficient to meet the goal or desire that has been established.

A more detailed analysis of what exists in order to meet the goal or desire is necessary to substantiate the general statements above. A consideration of the opportunities of increasing the income will be necessary also. These may be classified as opportunities (a) outside the dental field, and (b) those within the dental field. Outside the profession there are stocks and bonds, some form of business, or even extra-hour employment. Certain reliable information indicates that thirty-five per cent of the dentists have incomes from sources other than dental practices.

This discussion, however, deals directly with the opportunities for increasing the income within the profession. These fall into two divisions; those which require discarding the present practice, and those requiring an adjustment of the practice. Under the former, the opportunities consist of first, moving to a community that offers a more lucrative practice, second, entering the field of specialization, and third, accepting a full-salaried position in the dental field.

Moving to a new community requires building a new practice, unless there is an opportunity to continue some good practice. The field of specialization is limited, and not so attractive at present, although the incomes of those specializing are double those of the general practitioner, and much in excess of the goal or desire as established. The full-salaried positions held by dentists have a net income of nearly thirty-two hundred dollars in 1937. This is in excess of the average general practitioners' net income, but under the established goal or desire. The average salary of this group is equivalent to a gross practice of fifty-seven hundred dollars. Salaried positions in the dental field are also limited.

Particular interest is directed to the less radical opportunities for increasing the income, those that deal directly with adjustments in the present

organization, whereby its function and efficiency can be improved. This adjustment may include the dentist himself, his patients, the types of service rendered, and the efficiency with which the practice is managed.

An individual practicing dentistry should possess certain traits (these are not listed as to their importance): Personally, artistic ability, technical skill, knowledge, and the ability to apply knowledge. In addition, he must exert considerable energy in the application of these traits to a practice. Any dentist possessing such traits, with the proper amount of energy applied will render a service that is successful to his clientele and to himself. Some individuals possess two or more of these traits. Occasionally, one is found who attempts to practice possessing only one of these essential qualities. Certainly the patients are entitled to more than this. Such a person has misapplied himself and his methods are those of the quack. An analysis of one's self is necessary, and when found deficient, efforts should be made to improve the situation in accordance with the need.

Increasing the income by an analysis of the clientele does not necessarily mean an increase in the number of patients. Occasionally it is found that a dentist may be attempting to serve too many patients. Under these circumstances he resorts to short cuts and does not render a good service. In such cases, some of these patients should be eliminated, or more assistance secured. On the other hand, more patients may be needed to more fully utilize the time at hand.

It is generally accepted that twenty per cent of the people seek the services of a dentist. It is also believed that fifteen of this twenty per cent attend the general practitioners. The other five per cent secure their dentistry by going direct to the specialist or some financed group or clinic. This five per cent is small when compared to the population as a whole, but when compared to the number that seek dental service, it represents twenty-five per cent.

Fifteen per cent of the population which is supposed to reach one hundred and forty million in the present census, represents twenty-one million people. The American Dental Association estimated the number of dentists at sixty thousand. An equal distribution of all these patients would result in each dentist's serving three hundred and fifty. The number of individuals you serve may be checked against this quota.

Another method of checking the number of patients may also be applied. It is estimated by some that the expenditure of the average dental patient during the year is eleven dollars. A net income of twenty-eight hundred dollars for the average dentist resulting from a gross of five thousand dollars, would require four hundred and fifty patients. In turn, we may estimate from these figures that twenty-seven million people attend the dentist, representing nineteen per cent of the expected 1940 population. This is considerably above the previous estimate.

In addition to the number of patients, it would be helpful to know how often these patients return for service. Some plan could then be evolved for having them return more often. Also the dentist may desire to investigate those that do not return to his office. Misunderstandings may exist that could be easily corrected. This may be an opportunity to remove a bad impression of the profession, as a result of some inadvertent act on the dentist's part.

A study of the incomes of your community or the class of people you serve may reveal that you have reached the so-called saturation point of dental expenditures. Recent surveys demonstrate that seventy-nine per cent of the families (in this case the family consists of four) are living on less than one hundred dollars a month. Less than four per cent of the families have

incomes of four thousand dollars. Each member thereof representing one thousand dollars. Yet, in your investigation you will find practically all with automobiles, radios, washing machines, etc. You will find many drinking and gambling freely. You will find many with new hats and clothes each season. You will find the national expenditures for non-essentials—cosmetics and patent medicines, for instance—exceeding the dental expenditures. The people in your community contribute to these vast expenditures.

Viewing this situation as a whole, it would appear, as some believe, that dentistry must enter into competition for the dollar. Should this come about, then ours will no longer be a profession, but definitely a business. Some method must be devised by the dental profession to reach the other percentages that should be attending the dentist, and still maintain the dignity and integrity of the profession.

The income may be increased by including in your dental service types of dentistry that are not now included, by entering the field of the partial specialist. Today this group represents approximately six per cent of the dentists. Those doing oral surgery, including exodontia, had incomes of thirty-seven hundred dollars, those including exodontia without the surgery, nearly forty-three hundred dollars, those including orthodontia better than thirty-seven hundred dollars, those including periodontia thirty-five hundred dollars, while those practicing pedodontia were well below the general practitioner with twenty-four hundred dollars. All of these, except pedodontia, exceed the general practitioner and all except the periodontist equal or exceed the goal or desire as established.

It is not suggested that the average individual take up these services. Nor is it suggested that anyone begin such practices without preparation by post-graduate study.

There is a splendid opportunity to render a good service by including periodontia in a practice. The demand is increasing in this field. More dentists should give attention to this service. It offers a means of increasing the income.

There is a great need for a wider distribution of orthodontic service. In many communities, orthodontia is not available, and many children would be greatly benefited should this service be accessible to them. Every dentist has a background suitable for undertaking the study of orthodontia. A majority of the orthodontists began with a limited course. It is not intended to leave the impression that orthodontia or any of the other services mentioned are simple, and may be undertaken by any dentist, but it is insisted that special preparation is necessary.

The possibilities of increasing the income by including orthodontia is well illustrated by the case of a dentist in a town of twenty-three hundred people. It was apparent to this dentist that his income from his practice had reached its limit. He was in need of more income to meet the requirements of his growing family. He consulted a friend, an orthodontist. It was agreed that a course of study would be carried out. This dentist was also to have the advantage in the future of a consulting service on his cases. By the end of his second year, his gross income had increased three thousand dollars. Besides increasing his income, this dentist rendered a valuable service to the children of his community. Dentistry was also publicized by each child and its importance increased in that community.

You will observe that these suggestions are all in the biological field, a field in which dentistry is admittedly weak. Educators today are insisting that the biological be increased. They do not, however, wish this done at the expense of the technical. They believe that the technical will improve with a better knowledge of the biological. Courses of study to include the above

suggestions will include the biological and result in better dentistry. The income may be increased by expanding the field of dental service to include more types of dentistry.

The efficiency with which the practice is managed also offers opportunities of increasing the income. In this may be considered the time element, assistance, and fees. A very close analysis of the details of a practice is necessary. It is not advisable for a dentist to have an elaborate bookkeeping system for ordinary purposes. But for purposes of an analysis of a practice, a system that gives attention to the smallest detail is necessary. This system must be continued for a period of time sufficient to give a representative number of cases for an average. A period of one year is advisable, and two years would give a more representative average. Upon analyzing the data accumulated, such adjustments as are necessary should be made after due deliberation. Following these adjustments future changes may be incorporated as they arise.

Time is the one thing common to all dentists, and it offers two options. It may be utilized, or permitted to go by, never to be recovered. Time is a passing storehouse from which the dentist may draw freely to its limitations without cost. In turn, he may dispose of it at a profit. Time is the only invariable item that a dentist has to offer to his patients. Since it is common to all, and invariable, logically it becomes the basis for an analysis of a practice.

The first consideration for efficiency of management, then, is the time element. The days of the year spent in the office must be known, and the hours in these days. More important, are the minutes in these hours that are devoted to rendering service, or producing income. Certain figures will be accepted for a consideration. The data from your practice may vary from these figures. It is generally accepted that a dentist spends two hundred and fifty days a year in his office. It is also conceded that the average daily office hours are eight in number, making a total of two thousand per year. In the prosperous days of the late twenties it was considered a good average to have one thousand productive hours at the chair. These are not office hours, not the hours spent in getting the patients into and out of the chair, but actual operating hours. At the present time, seven hundred and fifty productive hours would be nearer the true situation. This number will be used for the calculations to follow.

This discussion can be discontinued with a few simple calculations if you so desire. Our goal is a gross of six thousand six hundred dollars, averaged annually for a period of twenty years. Then a dentist should gross eight dollars and thirty-three cents each office hour, or twenty-six dollars a day. This lump dollar-hour method of establishing fees is most generally used. It is a common expression, that "It costs so much to operate an office each hour." That is true, except that the costs of chair hours vary. Dental costs should be based upon the actual costs of each operation. The fees for each operation should be based upon the overhead and material costs plus the profit desired. Overhead in this case is the actual cost of maintaining an office ready to render service. Material costs are those developed in rendering dental service. Material costs do not exist until service is rendered. The time element is used only to determine the overhead cost. Each hour will carry a definite overhead, but the material cost varies with each operation. The overhead does vary, however, with the chair hours used. Thus the time cost will not vary whether you are rendering a denture service or a scaling service, but the material cost will vary considerably. From this it is evident that the same rate of charge based on time with all expenses lumped should not be used, for all services, but that those services using

the costly materials should be charged with same. The fees should be based upon the cost of each operation, plus the profit to produce a given income.

To further this method, two classes of dental services are recognized: Strictly chair operations requiring no laboratory service, such as fillings, extractions, treatments, and scalings; and, those operations that do require laboratory service plus the chair service, such as dentures, bridges, inlays, and porcelain jacket crowns.

Recognizing these classifications of service and carrying out the analysis in this manner, it will be observed that there is a different overhead chargeable to each group. The strictly chair services cannot be charged with the costs of maintaining the laboratory and its equipment. It will be found that the cost of materials entering into strictly chair operations will be very low, and that the cost of the materials used in the other services will be high. The costs of different types of service within each classification will also vary.

Having determined the time for each operation and the cost of each operation, it is a simple matter to determine a fee suitable to produce the net income. By dividing the average time of each operation into the seven hundred and fifty chair hours, we arrive at the number of one type of operation it is possible to do. The net income divided by the number of one type of operation will give the profit. This profit plus the cost will determine the fee to produce a given net income. As an example, the insertion of pit gold foil fillings requires approximately twenty minutes. Then twenty-two hundred and fifty such fillings could be inserted during our annual chair time. To produce a net income of thirty-seven hundred dollars, the profit on each of these fillings should be one dollar and sixty-four cents. The cost will be about sixty-two cents for overhead, and thirty-eight cents for materials, a total cost of one dollar. The fee could be two dollars and sixty-four cents and still reach the goal established. On the other hand, the ordinary scaling would carry a fee of three dollars and thirty-one cents to produce the same income.

An analysis in this manner establishes a method of setting fees in a business manner to meet a certain income. It, in turn, will demonstrate the income certain fees will produce. It is a method fairer to the patient and will make some services available to those whose incomes are in the lower brackets. All of this assumes that the productive hours will be near seven hundred and fifty. These yearly productive hours could be viewed as the standard. The individuals practice could be compared to this, and if above, rated as a practice above standard; if below, rated as a below-standard practice.

Your attention is directed to the cost of strictly chair hours, which is 34 per cent. All costs we have seen are rated as 44 per cent. Strictly chair operations carry a much lower percentage of costs than the other classification. It further illustrates that when all costs are lumped and rated as so much per chair hour, part of the laboratory costs are shifted to the strictly chair operations. It simply means that Mrs. Blank is charged with too much expense when she has a filling inserted. She is charged at the same rate as if she were receiving denture service.

For purposes of discussion, let us assume that the dentist is dividing his time equally between the two classes of operations. The cost of strictly chair operations being 34 per cent, and both averaging 44 per cent. Then the operations requiring laboratory service would be 54 per cent. To produce an income of thirty-seven hundred dollars, with strictly chair operations would require a gross of five thousand six hundred dollars, and to produce

the same net income in the other group of services would require a gross of eight thousand four hundred dollars. The hourly return would be seven dollars and forty-six cents against eleven dollars and twenty cents each productive hour.

This extreme difference is caused by the maintenance of the laboratory, the work by the dentist in the laboratory or the cost of the commercial laboratory and the expensive materials used in these services.

By adjusting the fees based upon these deductions, it should be possible to attract that group of patients who may be termed "border-line" cases, whose incomes will not permit them to have service at the present fee. All patients may give closer attention to their dental needs. The patients you now have may lessen the time between visits.

In the discussion of time and the analysis of the practice, the question of fees was also considered. Another neglected item in dental practice is the collection of accounts. It is generally believed that eleven per cent of all accounts are lost. This is one department where the dentist should have an elaborate record. A system should be developed whereby the record of each account is constantly available for his consideration. This system should show when the account was made, what has been paid, and when. This check should be made on your present accounts. The first thing to do is to throw away those that have passed the statute of limitations. Then determine the age of the balance and adopt a method of collection. Their collectability in all probability has been reduced 2 per cent for each month they have been idle after six months.

An analysis of the accounts of a dentist in our state recently showed accounts receivable of sixteen thousand dollars. This represented better than three years' work for this dentist. It was almost seventy dollars for each person in his town. Forty per cent of these accounts were not collectible because they had gone beyond the time limit. Only four thousand dollars of this amount was considered good. At the last report, he had collected only 25 per cent of the doubtful accounts. The dead loss will be near ten thousand dollars. This dentist is progressive, but failed to consider the business of his practice. The income may be increased by collecting more of the accounts. Unpaid accounts keep these patients away from the office.

The income may be increased by a more careful examination of the mouth. This may also save future embarrassment. As a check, during the analysis follow the regular routine examination with x-rays, and then compare the results. This no doubt will be convincing that x-rays are advisable as part of the routine examination. A better service will be rendered the patients, your services will be more appreciated, and the income will be increased.

There are many other points an analysis of your practice will reveal, whereby you may effect savings which cannot be considered at this time. We must proceed with a consideration of the assistance available to the dentist.

This year, 1940, dentistry is celebrating a centennial of dental education. One hundred years ago and more the dentist did most of the auxiliary work of his practice. He made his crude chairs, his cabinets, his instruments, carved his own teeth from ivory or bone. He compounded his drugs and his dentifrices, carried on research, did his laboratory work and even the janitor service, besides carrying on a practice. Then as the demand increased for dental service, he did less and less of this work; the chair, the cabinet, and the teeth were manufactured. Later his instruments were also manufactured for him. Then his drugs were compounded, the denti-

frices were made and sold direct to the public. The commercial laboratory appeared. The dentist employed an assistant or a secretary; research became organized; all of these auxiliaries were carried on by someone else. Dental supplies and equipment became a great industry. Then the specialist appeared, the exodontist, the periodontist, the orthodontist, all of these withdrew certain dental services from the office of the general practitioner, and he was glad to let them go, being busy with other operations. The dentist made his first move to check this flow away from his offices when the hygienist appeared, whose services are rendered under his direct supervision. He is now giving attention to peridontis, doing more exodontia, and casting his eyes in the direction of orthodontia, and giving more attention to the prosthodontia. Technicians are being employed. A better office organization is being established with secretaries of ability to carry on the business of the practice in a business manner. A good, efficient secretary will conduct the business of your practice far better than you would or could if you would but impress upon her that it is a business the same as any other business, except that there are limitations of ethics and dental laws.

The technician is appearing in the offices as a result of economic pressure. The commercial laboratories have organized and their costs have increased until the dentist finds himself squeezed between this cost and the fees to which the patients have been educated. It is more convenient and more economical to have a technician in the office than to depend upon the average commercial laboratory.

Another method of reducing costs and increasing income is by being associated with one or two other dentists in an office. It requires less help and less equipment. These savings could be used to employ better secretaries, hygienists, and technicians. In addition to this, there is a valuable asset in the consultations and discussions of dentistry that naturally follow.

One other word to those of your organization responsible for your membership and to the dentists not members of a dental association. The report of the Commercial Department referred to above, on dental incomes, shows that members averaged fifteen hundred dollars net a year more than non-members in 1929, and twelve hundred dollars a year net in 1937. This is a point well worth considering by the members of the dental societies when debating the question of dues. Apparently a membership in a dental organization is a splendid investment, since its return is one hundred times the cash outlay. Dentistry progresses by the liberal exchange of the ideas, and new developments in the profession. History reveals that stagnation resulted and little progress was made during the periods when the dentist treated his ideas as trade secrets. Not only is it profitable and educational, but it is a joy and a pleasure to associate with a fellow-practitioner. (Applause)

President Alford:

Dr. Sprau, on behalf of the North Carolina Dental Society, I'd like to thank you for discussing this important subject. It is something that we can all use and we certainly appreciate your being with us.

At this time I'd like to recognize Dr. Dan Mizell.

Dr. D. B. Mizell (Charlotte):

Mr. President and Members of the North Carolina Dental Society:

It is indeed a pleasure and a privilege to introduce our next clinician. He is not a stranger for on previous engagements he has been known to us personally and to all of us engaged in dentistry. He is recognized as

one of the leaders and is considered one of the pioneers in the specialty of Periodontia. He is one of the originals. He is past president of the American Academy of Periodontology, past president of the American Dental Association, past president of the Alabama Dental Society and is now trustee from this District in the American Dental Association. Dr. Olin Kirkland, of Montgomery, Alabama. Dr. Kirkland.

Dr. Olin Kirkland, D.D.S. (Montgomery, Alabama):

Mr. Chairman, Dr. Mizell, Members of the North Carolina Dental Society:

I don't feel that I am exactly a stranger in Charlotte or in North Carolina. It was my privilege to be here some few years ago and get a sample of North Carolina hospitality and since that time, I have wanted to come back again. I have been in Asheville in mid summer and was entertained royally. I am delighted to be with you again. I am glad to be here as essayist and clinician on your State program and in addition to that I have the honor of being your representative on the Board of Trustees of the American Dental Association.

I was supposed to make a short talk in the capacity of your Trustee. However, it was so well covered this morning by Dr. Minges, I hardly feel that it is necessary to say anything on that subject. But I do want to say a few words, and if you will bear with me, I will give you a few facts. The success of the many activities carried on by the American Dental Association depends on the dues it receives from its members. These dues are expended in the interest of the profession along many lines and benefits accrue to each member in many different ways. For instance, we may mention the *Journal of the American Dental Association*, the Relief Fund, Group Insurance, the American Dental Association Library, the Council of Dental Therapeutics, Research Commission, Dental Education and a great many other activities, all of which are essential to the growth and development of dentistry.

Now a preacher nearly always gets up and frequently during the year asks the congregation for money. I am not here to ask you men for money. Personally, it doesn't make any more difference to me than it does to you, but I am your representative from the Fifth District of the American Dental Association on the Board of Trustees and as such, I know what the problems are with which we are confronted in our endeavor to carry on the activities of the American Dental Association for the best interest of dentistry in this country. If you men want to increase your dues, all right. If you are satisfied with what you have got today, if you don't want to make further progress, if you feel that dentistry has reached the top and you think we are wasting money, don't increase your dues. But, if we are ambitious, if we want to go onward and upward, we must expand. Those of you who were in Baltimore recently, know what happened there. We know what happened from the beginning of dentistry down to the present time. The progress is simply phenomenal. It is marvelous. We started one hundred years ago with organized dentistry, and you might say dentistry, because we didn't have dentistry prior to that time. We started from nothing. It was scarcely a nucleus. Today dentistry is one of the most highly respected and most important professions in the world. As I said a moment ago, if we are satisfied with what we have got and don't care to make further progress, we don't need money. We have got enough to carry on the activities which have been carried on in the past. I won't rehearse what was told you this morning. As Dr. Minges told you, our activities have doubled in the past ten years and we have even more demands than we can meet. We are now drawing about ten to twenty thousand dollars a year out of the Reserve

Fund of the American Dental Association. We can stand that for a time, but you know as well as I do, that constant dripping wears away a ton, and if we keep on drawing fifteen to twenty to thirty thousand dollars a year out of the Reserve Fund, selling stocks and bonds to carry on our work that we have got started, in the course of time, you realize that we won't have money left in the treasury. We have something over \$1,250,000 in the treasury today. It is all well invested. I want to say that there is no waste of our funds. All the money that has been spent since I have been on the Board of Trustees has been spent to a good advantage. We haven't been wasteful. We have been conservative, but we have tried to spend your money to the very best advantage. Two dollars additional dues won't mean much to anybody, just a few cents a day, maybe less than a penny a day additional to what you pay already. There are 352 days this year. We are asking you for \$2, two hundred cents, less than one penny a day. I don't believe there is a man in the United States who belongs to the dental profession who would begrudge one cent a day to help carry on the necessary activities of his profession. That is most important. Without these additional funds, we have got to stop where we are. We can't go any further without more funds.

I am not, as I said a moment ago, begging you to do this. If you want to, it is your Association, it is your profession, as well as mine. You are just as much interested in it as I am. I am interested in it because I love my profession and I am talking to you because I want you to see it as I do. If you don't, it is all right. I will say that in my state of Alabama, we gave our delegates to the American Dental Association instructions to vote for the raising of dues and there wasn't a single dissenting voice. Everybody was in favor of raising the dues. I don't see why or how any dentist who loves his profession and wants to see it go further, could object to a raise of \$2 annually. There is no use saying, "We will compromise on \$1." We might get along with \$1 a year. The money you pay in will be saved and used. It is your money. It is in the treasury and it is yours.

Now, in addition to the other activities of the American Dental Association, there is a little pamphlet that has been gotten out by the Oral Hygienists. Eddy Ryan has taken this matter in hand. I believe I am responsible for this having been brought out. I have been urging for several years the necessity of making a home for the aged dentists. Now we, most of us, are able to take care of ourselves, today, but I served on the Relief Commission for a great many years and I know that some of the foremost dentists in this country died drawing funds from the American Dental Association Relief and it was a God-send to them. We have got lots of them today in every State in the Union who are kept out of the poor house because of the Relief Fund. If we could get the dentists interested in giving, say \$1 to \$2 a year to build up a Retirement Home some place in Florida, California or anywhere else you'd want it, I think it would be a marvelous thing to have a place where you could go and call it your Home, whether you, in old age, whether you are too poor to take care of yourself or provide a certain amount of your support, you could do so, but in either case, in your old age or declining days, you would have the privileges of living among men with whom you are congenial. If we go to Masonic Homes, there is no provision made by the Government for old men in dentistry and medicine. We have to take care of ourselves. We would have to go to the poor house or get on the streets and beg. I think we should build up a home and let each man feel that the home is his home. He would not be an object of charity. It would be just like buying insurance. If you insured your life for \$100,000 and died today some might feel, "Well, I am not entitled to that." Or that

fellow is not entitled to it. He didn't pay but one premium and got \$100,000. You pay for that privilege and others pay the premiums over a period of years. Some one has to pay that premium, to make it possible for you to have it. We, who are in good health and able to provide and to pay out a little money each year for this cause, may not be the ones who are ever going to profit by it, but some of us will. I think we should look forward to that as one of the great things that we can do for our profession in the years to come and I hope that not only in addition to raising dues to carry on the scientific movement now started by the American Dental Association and those in demand for the progress of our profession, we should also think about this retirement for the old dentists—in other words, the dentist grows old and I think it is a most valuable thing if each man would contribute one or two dollars a year and build a home. The time would come when every man who contributed a penny to that cause would be proud and happy that he did so.

Now I have a moving picture which I am going to show you on Periodontia. To begin with we have just a little entertainment. It will really take about five or ten minutes. It is in the nature of music and is the life of Stephen Foster. If my machine works, we will start with that and I hope you will enjoy that and later on I hope you will get something out of the moving picture in natural color I am going to present on "Treatment of Periodontia Procedures."

PERIODONTAL SURGERY

(1) In the treatment of disease, regardless of its nature, there are certain factors upon which success depends.

In the management of periodontal disease, while there are many other factors of importance, success is largely dependent upon the ability of the operator to win the patient's confidence. The first impressions are lasting; therefore, it is important that no pains be spared in making a *favorable impression at the outset*.

(2) In every undertaking there must be a beginning as well as an ending, and it may be truly stated that the start and finish of any project provides the yard-stick by which its success may be measured.

In the treatment of periodontal disease, the first consideration is to determine both the nature and extent of the pathology involved in the case; consequently, the first step to be considered is a thorough examination. The information thus obtained will lead to diagnosis, which is the foundation upon which treatment must be based. This should include a radiographic survey of the teeth and their supporting structures; the tone and color of the gingival tissues should be noted, and a comprehensive probing of the gingival crevice around each tooth is important. An examination is incomplete without a general knowledge of the patient's physical condition, as neither a dependable diagnosis nor a trustworthy prognosis can be reached without ascertaining all the facts involved in the case.

(3) Before entering into the treatment the mouth should be as clean as possible. All visible stains and deposits should be removed, the gums stimulated and the teeth polished. This is important because it reduces the intensity of the infection throughout the mouth, and provides a cleaner field for the surgical procedure which is to follow. This may require two or three visits, but can be handled by a *competent hygienist*.

(4) The essential objective in the treatment of human disease is the removal of its cause; therefore, an intimate knowledge of its etiology is of the utmost importance.

In view of the fact that periodontal disease responds to local treatment, we must assume that its causes are chiefly of local origin, therefore local irritants must be eradicated in order to treat the disease successfully. The infective factors are found within the periodontal lesion, and consist of serual calculus, granulated epithelial tissue and the spiculated bone surface covering the floor of the pocket.

GINGIVECTOMY AND SEMI-FLAP OPERATIONS

(5) Surgical treatment is recognized as the only successful approach to treatment, and in the light of present day knowledge of surgical technics, it is now possible to treat periodontoclasia, not only with success, but very little discomfort to the patient.

Surgical procedure would not be practicable but for the benefits of anesthetics; consequently, an intimate knowledge of anesthesia is absolutely essential. A local anesthetic with nerve blocking is the preferred method. In many cases it is advisable to resort to premedication before administering the anesthetic, to allay fear and nervousness. Nembutal in $\frac{3}{4}$ to $1\frac{1}{2}$ grain doses, given one-half to one hour before using the anesthetic, has proven to be of great value. About one-half ounce of whiskey acts as a very useful stimulant in conjunction with the nembutal.

(6) The operation should not begin until anesthesia has reached a profound state. The first step in the operation is to ascertain the depth of pockets by probing them, which provides essential information in determining the depth of incisions. The gingivae should be removed to a point at or near the depth of the pockets.

INSTRUMENTATION

(7) Following the removal of the gingival tissue overlying the periodontal pockets, the first instruments used are the Ward interproximal curets. They are useful in breaking up the interproximal granulated epithelium tissue, and as much of it as possible is removed with these instruments.

(8) Follow with Buck's interproximal files, which are used in breaking down and smoothing the sharp edges of bone. They will also aid in removing some of the granulated tissue.

(9) For cutting and removing loose pieces of stringy tissue protruding from the pockets, use small curved shears and manicure nippers from time to time throughout the operation.

(10) Any set of periodontal instruments available on the market may be used for the remainder of the operation; however, to gain operating speed and to economize in the breakage of delicate instruments, I prefer to use curets of my own design, ranging in numbers from one to eighteen, beginning with No. 1, and following with the others in sequence throughout the operation. With few exceptions, these instruments are made in rights and lefts; they are spoon-shaped to follow the concavities of the pockets, and are made strong and heavy to withstand the force necessary to remove hard calcific deposits from the roots of the teeth.

In addition to removing deposits, they are also used to curet the infected pericementum, the floor surface of the pocket, and to assist in removing small fragments of granulation tissue. It is very essential that all curets and knives be kept sharp.

(11) In order to better observe the field of operation during the course of treatment, it is advisable to use a diagnostic lamp and mouth mirror. When the operation is near completion, there is usually but little hemorrhage, and

as a consequence, there is little difficulty in visualizing any small bit of deposit that may have been left, which can be readily removed.

(12) It is practically impossible to successfully treat periodontal disease without keeping the field of operation clean and free from blood and saliva; however, this can be accomplished with an aspirator and sponges in the hands of a good assistant who knows how to use them. A valuable suggestion in keeping the field of operation clean, is to drip an antiseptic aqueous solution over the teeth and wounded surfaces while drawing it out with the aspirator as rapidly as possible. The water thins and neutralizes the opaque properties of the blood, making it possible to more clearly visualize the infective factors within the diseased area. It also reduces to some extent the necessity for using sponges, and at the same time helps to avoid the difficulties encountered as a consequence of the lubricating effect of accumulated blood on the root surfaces, which causes the instruments to slip over deposits without removing them in curettment.

(13) In order to remove loose particles of infected debris, such as fragments of bone, granulations and root deposits, it is advisable from time to time, to use an antiseptic solution in a pressure spray, which should be continued throughout the course of the operation.

(14) In order to better preserve the chain of asepsis, and to keep instruments ready for repeated use in the operation, it is advisable to have an instrument bath convenient to drop them in as they are used. The bath will keep blood from drying on the instruments, and if needed for further service in the operation, they will be found in much better condition. Germicidal discs of potasio-mercuric iodide has been found both satisfactory and non-irritating.

(15) When the operation is completed, and before making the application of a dressing, it is good practice to encourage a free circulation of blood in the tissues involved. This may be accomplished by the application of hot packs made of cotton. Dip the packs into a hot saline solution, place them in a sterile towel and squeeze out the excess water, and when they are sufficiently cool to be handled comfortably, place them over the area involved in the operation. These applications should be repeated two or three times.

(16) Surgical resection of the gingivae in the treatment of periodontoclasia would not be a practical operation without satisfactory protection of the wounded surfaces during the period of healing and repair.

A surgical dressing should be properly mixed and applied smoothly over the necks of the teeth and wounded gum surfaces. Leave the packing on for about two weeks; and should it become loose, or in case it should come off, replace it as soon as possible.

(17) It is possible to treat the entire mouth in one or two days, but I have found it much better to operate on one quadrant at a time, and follow with the succeeding treatments at intervals of one to two weeks.

The upper and lower teeth of one side of the mouth should be treated and given time to heal, and then treat the other side. This provides a chewing surface for the patient throughout the time the mouth is being treated.

(18) Gentle tooth brushing and gum stimulation should begin immediately following the removal of the surgical dressing, and the teeth should be cleaned and polished every few days during the course of treatment. This will prevent the absorption of infection in the new regenerating gingival tissue.

(19) Two or three weeks following the last operation, the teeth that show

evidence of mal-acclusion in the excursive movements of the mandible, should be ground to acclusal rest.

(20) It is advisable to inquire into the dietary habits of the patient, and suggest a diet which provides the proper food elements to build body tissues and maintain a balanced state of health.

(21) It should be fully realized that regardless of the perfection of the operative technic, the treatment will result in disappointment and failure unless the patient gives satisfactory coöperation in the care of the mouth. From the first contact with the patient to the last, and throughout the course of the treatment, advantage should be taken of every opportunity to discuss the importance of personal oral hygiene. No doubt should be left in the patient's mind concerning the part he must play in maintaining a state of health in his oral structures.

It is the duty of the operator to teach the proper technic of tooth-brushing and gum stimulation, and until fully assured that the patient is capable of following the correct technic in the care of the mouth, the treatment of the case cannot be considered as fully completed.

(22) At least twice a year, and oftener if necessary, the patient should return for oral prophylaxis.

The mouth should be carefully examined each time it is cleaned.

SURGICAL DRESSING

Zinc Oxide and Powdered Rosin—equal parts (Mix). To four parts of the above mixture add one part Tannic Acid (Flakes). Do not use scales for mixing these ingredients, but mix them by volume instead.

(Example.) Use four teaspoonfuls Zinc Oxide and Rosin mixture. To this add one teaspoonful of Tannic Acid. Stir and mix them all together thoroughly.

The above constitutes the powder.

LIQUID CONSTITUENT

The liquid constituent is composed of one part Bitter Almond Oil.

Two parts Eugenol.

Would suggest a three ounce mixture which would require two ounces of Eugenol, and one ounce Bitter Almond Oil.

Before mixing them together, pour the Eugenol into a test tube, and drop a lump of rosin about the size of the last joint of the thumb into it, and warm over bunsen flame until the rosin is fused into the Eugenol. Then the two may be added together.

This should be mixed on a cement slab just as cement is mixed for filling teeth—namely mixed from time to time as it is to be used.

Should be mixed so thick and heavy with the powder that it may be rolled into strips, and handled with the fingers without sticking.

Will give better results when mixed until it is almost dry. (Applause.)

President Alford:

Dr. Kirkland, we'd like to thank you for bringing this presentation to us. We have appreciated your coming and enjoyed your lecture.

Dr. Edwards, did you want to have something to say about the History of the North Carolina Dental Society?

Dr. Z. L. Edwards:

Mr. Chairman and Members of the North Carolina Dental Society:

Dr. Fleming in his report gave you a brief résumé of the activities of his Committee of what he has done and what he has in prospect in the future. At the same time, he was too modest to tell you of the great work which he had done before—that is the compilation of the Dental History of North Carolina. You have always heard it said that ingratitude or lack of appreciation was one of the greatest sins that we can commit. I sometimes feel that possibly we do not appreciate this literary gem that we have the opportunity to buy. By that I mean that I feel that a great many of us have not considered the importance of securing this book. As I understand, they have a booth out there and the book is for sale. I purchased one immediately when it came from the press. As far as I am concerned, I wouldn't take three times, ten times, the original cost of the book. It is something well worth while. It is a book you might want to refer to for information. To Dr. Fleming is due the gratitude of this Association. This Association backed it financially. We have money invested in it. It is up to the members to purchase the book and make the undertaking a success. I think every member in North Carolina ought to buy the book and express his appreciation for the service that Dr. Fleming has rendered.

Dr. Sinclair:

Mr. President, I want to see if everybody can hear me because I think this is really a vital thing for the members of the North Carolina Dental Society. This History is a great thing. All history is important—the history of our country, the history of the world. The history of the world is changing rapidly every day. The record of this goes down to posterity. It is worth the price for its history of North Carolina. Every school child has pride in it and I think this history of the North Carolina Dental Society should not be passed up without a copy of it in the hands of every member. If you do, I think you will make the greatest mistake in the world. Some day you will want one of those histories and you won't be able to get it. Already I have had the opportunity to refer to the History of the North Carolina Dental Society three times. I didn't dream when I bought it that something would come up I'd want to refer to. Besides history it is a record of the activities of the members of the North Carolina Dental Society. You younger men, especially, ought to have it in your libraries. I wouldn't be without one for anything in the world. The history of the world is changing every day and we soon forget. I saw this morning two medals that were given to Dr. Hoffman before I was born, for his activities in dentistry. It was a wonderful thing and I didn't know it. I don't suppose any of you ever knew such a thing existed. I think it ought to be in the library of every dentist in North Carolina. Thank you. (Applause.)

President Alford:

Thank you, Dr. Sinclair.

President Alford:

We are having a meeting of the House of Delegates in this room at this time.

HOUSE OF DELEGATES
MONDAY AFTERNOON SESSION, MAY 6, 1940

President Alford:

The meeting of the House of Delegates will please come to order.
The Secretary will call the roll.

ROLL CALL

OFFICERS

F. O. Alford, President.
C. M. Parks, President-elect.
H. Royster Chamblee, Vice President.
Paul Fitzgerald, Secretary.

ETHICS COMMITTEE

G. Fred Hale
O. C. Barker
R. B. Harrill
W. L. McRae
Z. L. Edwards

EXECUTIVE COMMITTEE

D. L. Pridgen
O. L. Presnell
A. S. Bumgardner

BOARD OF DENTAL EXAMINERS

A. C. Current

FIRST DISTRICT

Walter E. Clark
Wm. M. Matheson
O. C. Barker
S. E. Moser
A. D. Abernathy, Sr.

FOURTH DISTRICT

W. W. Rankin
K. L. Johnson
H. L. Allen
H. O. Lineberger
S. R. Horton

SECOND DISTRICT

J. H. Guion
C. A. Barkley
J. P. Bingham
T. P. Williamson

FIFTH DISTRICT

A. T. Jennette
H. E. Nixon
G. L. Overman
C. E. Minges
Paul E. Jones

THIRD DISTRICT

W. R. McKaughan
A. W. Craver
R. A. Wilkins
Frank E. Gilliam

President Alford:

I declare a quorum present and all the alternates properly seated.
Is there any business to come before this meeting?

Dr. Minges:

I am rising to the point of personal privilege. In the first place, two members of the organization are unable to be here, Dr. Gene Howle and Dr. B. C. Taylor, and I'd like to propose that the Secretary be instructed to send those gentlemen telegrams.

Further, I notice in the Roster of the House of Delegates that our Dental Member of the State Board of Health is not a member of this House of Delegates. That is a condition that should not exist. I'd like your indulgence in adding that to the Constitution and By-Laws. I'd like to be allowed to introduce a resolution amending that as soon as I could prepare it.

Member:

I might say that Dr. Howle's condition is most unfortunate. I made inquiry of one of his best friends and he said he thought he'd appreciate a telegram from this organization.

Dr. Rankin:

In connection with Dr. Howle, most of you know that shortly after our meeting last year he had a stroke and he won't be able to practice any more. In view of that fact, I'd like to place his name on the inactive list and if it is necessary to put that in the form of a motion, I make that motion.

President Alford:

Since Dr. Howle is not able to practice any more, his name is automatically on the inactive list. However, I will entertain a motion.

Dr. Rankin:

I so move.

Motion seconded.

President Alford:

A motion has been made and seconded that Dr. Howle's name be placed on the inactive list. Is there any discussion? If not, all in favor, let it be known by saying "Aye." Opposed "No." It is so ordered.

Dr. Branch:

Wouldn't it be well to include Dr. Taylor's name in that motion?

President Alford:

Would you make that in the form of a motion? Motion made and seconded that Dr. Taylor's name be placed on the inactive list.

President Alford:

Motion is made and seconded that Dr. Taylor's name be included. Is there any discussion? If not, all in favor, let it be known by saying "Aye." Opposed, "No." The motion is carried and it is so ordered.

Dr. Abernathy:

A friend of all of us, Dr. Carl Mott has been inactive for over one year. He is a member in good standing and I'd like to include his name on the inactive list.

President Alford:

Dr. Abernathy, is there a possibility of Dr. Mott ever going back into practice?

Dr. Abernathy:

He has been out for a year and there is a possibility of his not going back. He has been inactive for over one year.

Motion seconded.

President Alford:

Any discussion?

Dr. Hale:

It is understood, however, that if he does return to his practice that he can go back to the active list.

President Alford:

I would think so. Dr. Carl Person, I know, was inactive and when he returned to his practice he was placed again on the active list and is paying his dues.

Dr. Matheson:

Mr. President, I want to present the name of Dr. L. H. Mann for the inactive list who formerly practiced in Asheville. He has retired and lives in the eastern part of the state.

President Alford:

Do you make that in the form of a motion?

Dr. Matheson:

Yes, sir.

Motion seconded.

President Alford:

Motion is made and seconded that Dr. L. H. Mann's name be put on the inactive list. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed, "No."

Vote taken and carried.

President Alford:

I am sorry, gentlemen, I overlooked the vote on Dr. Mott.

Dr. Amos Bumgardner:

Dr. Alford, Dr. Mott has definitely returned to the hospital with an active lesion and his Doctors are practically sure that he will not be able to practice again.

President Alford:

I am sorry I made that error and did not take the vote.

Vote taken.

President Alford:

The "Ayes" have it.

Dr. S. E. Moser (Gastonia):

I want to make a motion that Dr. Ralph Ray, of Gastonia, be put on the inactive list. Dr. Ray served as a Captain in the United States army in France. He was gased and has solidification of the lung tissues. He has been a member of the North Carolina Dental Society for probably twenty-five years. He isn't practicing at the present and probably never will again. I'd like to make that motion.

Dr. Pridgen:

I would like to state that the situation with respect to Dr. Ray was called to the attention of the Executive Committee just following the adjournment of our last annual meeting. His name was read out for suspension at that time and therefore to prevent his suspension and injustice being done to Dr. Ray, the Executive Committee acted on that matter.

President Alford:

He was put on the inactive list last year. Do I hear a motion to approve that action.

Motion made and seconded.

Dr. Alford:

Motion has been made and seconded that Dr. Ralph Ray's name be put on the inactive list. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed, "No." It is so ordered.

Dr. A. T. Jennette:

I'd like to place before this organization the name of Dr. J. E. L. Thomas, originally of Tarboro, who has been called into service of the United States Government as a Naval Officer. How long he will be in the Navy, we do not know, I presume indefinitely. I would like to place his name before this organization to become an inactive member.

President Alford:

Do you make that in the form of a motion?

Dr. Jennette:

Yes.

Motion seconded.

President Alford:

Motion has been made and seconded that Dr. J. E. L. Thomas' name be put on the inactive list. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed, "No." The motion is so ordered.

Is there any further business to come before this session? Are there any Committee reports?

Dr. S. R. Horton:

What are we going to do with the proposition of taking care of the representative on the State Board of Health being placed on the House of Delegates membership permanently? Is a resolution necessary or is it necessary to make a motion, Brother Minges?

President Alford:

Did you draw up a resolution, Dr. Minges?

Dr. Minges:

The Constitution and By-Laws has to be introduced and passed on subject to a Committee of the House of Delegates. By introducing it now we can act on it the first thing tomorrow night.

President Alford:

That is fine.

Dr. F. L. Hunt:

I wish to report for the Insurance Committee.

REPORT INSURANCE COMMITTEE NORTH CAROLINA DENTAL SOCIETY

Early this year your President referred to the Insurance Committee a proposition, submitted by Dr. Harry House, Arkansas City, Kansas, to enlist the North Carolina Dental Society in a plan to establish, through the A.D.A., liability insurance, which was designed to lower the cost of insurance. After making quite an extended investigation, your committee is of the opinion that the plan is not feasible.

Since then your committee has been working on a plan to secure a Group Health and Accident Insurance for the members of the North Carolina Dental Society. We have worked out a plan by which, if twenty-five or more members join the group, the premium rates will be reduced about thirty per cent. The plan also provides that should seventy-five per cent of the members of the North Carolina Dental Society become members of the Group, the rates would be further reduced, and the age limit increased from

sixty-five to seventy years, and in addition the members would not be subjected to an examination. This same seventy-five per cent membership basis could be applied to any one or more of the five districts in North Carolina.

While the committee has not definitely decided upon the company, we do wish to submit further details to the entire membership during this meeting, and preferably at an early date.

Respectfully submitted.

F. L. HUNT, *Chairman*,
H. C. DIXON,
J. A. McCLUNG,
NEAL SHEFFIELD,
G. L. HOOPER,
J. E. L. THOMAS.

Dr. Hunt:

I would like to request the House of Delegates to give us permission to make a further detailed report at an open meeting when we can reach more members and give more details about this plan. There are one or two things that I haven't included in this report—that is, you may also have hospitalization insurance with this plan and with the proper use of dues, it eases that quite a good deal. It also provides that the wife of a member may also take up hospitalization at quite a reduced rate. As you know, it would be quite reasonable even if you take it out by yourself. We haven't decided on the Company but have one Company that seems to be pretty good and have some very important provisions in this group policy. I think that is all that I will report at this time.

Dr. Moser:

Dr. Hunt, do you mind mentioning the Company?

Dr. Hunt:

The National Casualty Company of Detroit.

Dr. Z. L. Edwards:

I move that the Insurance Committee's request be granted.

Motion seconded and request granted.

Dr. Hunt:

I will have the State representative of the Company here to answer any questions you want to ask, tomorrow night. He is in town and we have been in conference with him today. He will give you a detailed report if you'd like tomorrow night.

President Alford:

That is fine. We will have that report tomorrow night at the General Session.

Dr. Minges:

Mr. President and Members of the House of Delegates of the North Carolina Dental Society: I will read the Resolution that I mentioned just now:

WHEREAS the name of the Dental Member of the North Carolina Board of Health does not appear on the roster of the North Carolina House of Delegates, and

WHEREAS it is often the case that policies of the Board of Health are discussed and acted upon by the House of Delegates, and

WHEREAS the advice and counsel of the Dental Member of the North Carolina Board of Health should be available at all times;

THEREFORE BE IT RESOLVED that the Constitution and By-Laws of the North Carolina Dental Society be amended by adding the words, "Dental Member of the North Carolina Board of Health," at the end of line five, Article Nine, between the words "ethics" and "and."

CLYDE E. MINGES.

I place this on the table and request that it be acted on at the next meeting.

President Alford:

I am not a very good parliamentarian but I believe that goes through your committee—the Resolutions Committee.

Dr. Minges:

I am Chairman of the Resolutions Committee.

President Alford:

You can take it up with your Committee and report it back to the House of Delegates for action.

Dr. Minges:

Yes.

President Alford:

Are there any other Committee reports?

Dr. H. O. Lineberger:

Mr. President and Members: I have the report of the Committee on Professional Relations.

The Committee on Professional Relations, having studied the problems, abuses and responsibilities incident to the current practice of dental prosthesis, submits the following report, proposed standing resolutions and recommendations:

On the ninth day of March 1915, the General Assembly of the State of North Carolina ratified a Dental Law which prescribes preliminary educational requirements, methods for examination, license and regis-

tration of applicants, and the professional conduct of practitioners of dentistry.

The purpose of this law, in common with other dental laws, is to prohibit acts or practices that impair or threaten the health of the citizens, and to secure the people against the consequences of ignorance, incapacity, deception or fraud. This right of the State has been upheld on the broad grounds that since any mode of dental health service, if ignorantly or ineffectually conducted, may endanger the welfare of those men to whom it is applied, its practice can be safely entrusted to such persons *only* as are learned, trained and skilled in the art, science and practice of dentistry.

License to practice dentistry places a heavy responsibility upon the members of the dental profession. The dentist's mode of living, his conduct, his professional interests, his methods of dental treatment are public concern, since they are in some measure related to the service which the dentist renders to his patients. The presumption that a dentist can do as he pleases is not supported by fact. The license to practice dentistry is not a right, but a privilege which is granted by the people for their own protection, and may be revoked for the same reason.

The public holds the dental profession accountable not only for the quality of the service which it renders, but also for progressive improvements in its oral health service. In fact, every dentist is a guardian of the public health.

Contrary to this conception of public health guardianship, some dentists have neither conceived dentistry in its proper light nor lived up to the ideal of the health service it is expected to render. They have lowered the quality of their professional services by accepting, against their training and better judgment, the standards of commercial organizations that are not inspired by the professional attitude. This is particularly true of the practice of prosthetic dentistry, and to this field the committee has directed its attention.

In its study, the Committee has found numerous dental practices which it believes are detrimental to the welfare of the public, as well as subversive of the ideals, responsibilities, future effectiveness, and unity of the profession. These, for the most part, are viewed by the Committee as symptoms of the thoughtlessness or carelessness on the part of the dentist regarding the important trust and responsibility which he assumes when he is licensed to practice. A brief review of the curricula of dental schools, State Board examination requirements, educational facilities of dental societies, postgraduate and graduate courses offered by dental schools, the content of current dental publications, and the library service of the American Dental Association, leads to the conclusion that failure to render a high grade prosthetic oral health service cannot be attributed to lack of available training or information.

In this light, the Committee finds it difficult to understand why any

dentist would delegate to any other person, not a dentist, the performance of dental operations, which, according to law, a dentist only may perform. We refer particularly to the not uncommon violations of the dental law by dentists who request the dental technician to come to the dental office for the purpose of performing intraoral dental procedures, such as making impressions, recording jaw relations, selecting artificial teeth, adjusting prosthetic appliances, etc., or send patients directly to the dental technician who performs intraoral and extraoral dental procedures, which the dentist only is licensed to do. This violation of the dental law by dentists has led in some localities to similar violations by dental technicians who carry on an illicit and secret practice of dental prosthesis for patients, some of whom learned about the dental technician from the dentist himself. Continuation of such abuses will ultimately discredit the dental profession and increase the public sympathy for the dental technicians who apparently are being exploited.

The illegal use of dental technicians by dentists is further incomprehensible in view of the fact that technicians are not trained in the science, art or practice of dentistry, and rarely have more than a superficial knowledge of the laboratory procedures. According to law, the dentist's responsibility compels him to test, from time to time, the dental appliance, which he has delegated to the technician. He must adjust the same to living tissues so that no injury or disease may result from such restorations. Further, when the appliance is finished by the technician, the dentist is obliged to examine and test it in the mouth, to modify it until it is ready for effective service in harmony with the extreme degree of accuracy which is demanded by the complex anatomic and physiologic requirements of the patient. To do less will ultimately expose the entire profession to public censure and, in turn, may open the way for a low grade oral health service rendered by those whose qualifications to practice dental prosthodontics may be greatly inferior to those required by the present Dental Law. This deduction is based on the Committee's knowledge of the outcome of similar dentist-technician relations in some countries of Europe. Therefore, in order to protect the public health by the correction of current abuses in the practice of prosthetic dentistry, to prevent further implications of dental technician in illegal practices, to promote a better understanding and coöperation between the dental profession and its adjuncts, and to assure an increasingly better grade of prosthetic oral health service to the public, the Committee recommends the adoption of the following resolution :

Dr. Lineberger:

I might say, Gentlemen, that the Resolution has been presented to the Resolutions Committee and received their approval.

RESOLUTIONS

Inasmuch as the following practices are derogatory to a high grade oral health service to the public, unfair to dental technicians, and contrary to the

obligations and responsibilities implicit in the license to practice dentistry; therefore, be it resolved that these shall hereafter be proscribed by this Society as unethical, subversive of professional ideals, and unworthy of the sanction of the dental profession.

(1) The use of a dental technician by a dentist to assist in performing, or to perform intraoral dental operations, or related technical procedures upon the patient.

(2) Misrepresenting, to the patient, the true identity of any non-dentist technician or assistant by introducing him as a "denture specialist," or by calling him "doctor" or any other title that would lead the patient to believe that the assistant or technician is legally qualified to render such dental service.

(3) Directing, sending or taking a patient to a dental technician for the purpose of having the technician perform any intraoral and extraoral dental operation or procedure of any nature, as for example, making impressions, making jaw relation records, selecting artificial teeth, repairing dentures, etc.

(4) Coöperating in any manner with a dental technician so as to aid him in serving the public directly. Such coöperation refer not only to the doing of dental operations, but also to serving as a go-between for the receiving of fees, from a patient, which in whole, or in part are given to the technician.

(5) Sending dental work out of the office to a dental technician for fabrication without accompanying the same with a signed order authorizing and defining the work which the technician is expected to do.

(6) Sending dental work such as impressions, jaw relation records, etc., out of the office to a dental technician unless they have been properly packaged or protected against changes in shape, which may impair the form and fit of the finished appliance.

(7) Sending to a dental technician any *improperly made or inaccurate* impression, cast or model, jaw relation record, etc., which is to be used in fabricating a dental appliance. Such practice imposes an unjustifiable responsibility on the technician and is detrimental to the oral health of the patient.

(8) Requiring or demanding of the technician unnecessary haste in fabricating dental appliances whereby their quality, fit or usefulness may be impaired.

(9) Demanding or requiring cash discounts, rebates, special concessions, cheaper prices, etc., of the technician, whereby the quality of the materials and workmanship are reduced to the point where such appliances may be detrimental to the prosthetic oral health service rendered to the public.

The committee further recommends the appointment of a standing committee whose duties shall be as follows:

1. To represent the Dental Society at meetings with dental technicians and laboratory representatives who desire to coöperate with the Society in effecting the desired reforms,

2. To encourage the development of a code of ethics among the coöperating technicians and laboratories in keeping with the service which they are expected to render to the profession,

3. To devise ways and means of approving those adjuncts whose service is satisfactory to the Society,

4. To suggest methods for securing discriminate patronage of the co-operating adjuncts by the dental profession,

5. To serve as a committee on arbitration when required.

Respectfully submitted,

JOHN MCCLUNG,

Z. L. EDWARDS,

H. O. LINEBERGER, *Chairman.*

President Alford:

Dr. Lineberger, you say you have already given a copy of that to the Resolutions Committee?

Dr. Lineberger:

Yes.

President Alford:

They will report back at a later meeting of the House.

Is there any committee report?

Dr. Fleming:

I have the report of the Relief Committee.

Dr. Fleming:

REPORT OF RELIEF COMMITTEE

The fund in the hands of the Relief Committee on May 1 is \$3,356.13. This includes the \$200 annual contribution by the State Society for this year. Of this total amount the State Dental Society has contributed \$200 annual payments for a period of thirteen years, or a total of \$2,600.

The American Society has given us a rebate on Christmas seal sales of \$308 (\$92.50 in 1937, \$96.50 in 1938 and \$119 in 1939). These amounts, of course, represent one-half of what North Carolina contributed to seal sales for the previous year. So far, we have no report of the amount coming to us this year.

The balance of the fund has come from accrued interest, \$453.83.

These three items total \$3,361.83, but from that we have had to pay a state bank tax of \$2.67 last year and of \$3.03 this year, these two items totaling \$5.70. After deducting that we have the balance as state, \$3,356.13.

We are fortunate in that we have had no calls for relief this year.

Respectfully submitted,

J. S. BETTS,

F. L. HUNT,

J. MARTIN FLEMING.

President Alford:

Gentlemen, you have heard the report. What is your pleasure?

Motion made and seconded to accept the report.

President Alford:

Motion has been made and seconded. Is there any discussion? If not, all in favor, let it be known by saying "Aye." Opposed, "No." It is so ordered.

Dr. Wilbert Jackson:

I have the report of the Dental College Committee, which I'd like to make at this time.

A REPORT OF THE DENTAL COLLEGE COMMITTEE

This committee has been inactive this year. There seems to be a need for a dental college in North Carolina. We have an average of more than thirty-five graduates from dental colleges in other states each year, but due largely to lack of funds and coöperation from the powers that be, it seems impossible for the work of this committee to go forward at this time.

We, therefore, recommend that the Dental College Committee of the North Carolina Dental Society be discontinued until such time as such a committee may be instrumental in establishing a dental college in North Carolina, at which time the President of the North Carolina Dental Society shall have the power to appoint such a committee.

Signed, J. F. REECE,
J. N. JOHNSON,
R. M. OLIVE,
WILBERT JACKSON.

President Alford:

Gentlemen, you have heard the report. What is your wish?

Motion made and seconded that the report be received.

President Alford:

Is there an discussion? If not, all in favor let it be known by saying "Aye." Opposed, "No." It is so ordered.

Dr. Jackson:

I have the report of the State Board of Dental Examiners, consisting of sixteen or eighteen pages. It is the same report made to the Governor and I submit it. I will read the report or submit it for publication in the BULLETIN.

Motion made and seconded that the report be filed for publication in the BULLETIN.

Vote taken and carried.

January 1, 1940.

To His Excellency,
CLYDE R. HOEY,
Governor of North Carolina
Raleigh, N. C.

Sir:

In accordance with the provision of the dental law, I beg leave to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the Calendar year of 1939.

Six meetings have been held.

A special meeting was held at the Washington Duke Hotel in Durham, N. C., Friday, February 17 at five o'clock. Members present were: Dr. J. L. Ashby, Dr. C. C. Poindexter, Dr. Paul Jones, Dr. C. A. Graham, and Dr. Wilbert Jackson. Dr. Jackson presided.

This meeting was called for the purpose of discussing the question of graduates of foreign dental schools applying for licenses to practice dentistry in North Carolina, and any other business that might come before the Board.

The following resolution was adopted and declared in effect at once:

"All applicants of foreign dental schools applying for licenses to practice dentistry in the State of North Carolina be required to be citizens of the United States and to present evidence of pre-dental training of equal standard to that required by American schools. The applicant to present a diploma from an approved dental school in the United States acceptable to this Board together with evidence of having successfully completed the junior and senior years of study in such schools before receipt of diploma."

The Board discussed and made plans for the examination to be given beginning June 26, 1939.

The Board held a special meeting at the Sir Walter Hotel, Raleigh, North Carolina, April 30, 1939. Only routine matters were discussed at this meeting.

The North Carolina State Board of Dental Examiners held its annual meeting in Raleigh, North Carolina beginning June 26 and lasting through Thursday, June 29 for the purpose of examining applicants for licenses to practice dentistry in North Carolina.

All members were present.

Forty-six applicants having complied with the requirements of the Board were permitted to take the examination. Three of the applicants, S. S. Ray, C. S. Caldwell, and Fred M. Haston, did not present themselves for examination.

At a meeting held Tuesday night, June 27 in the office of the Presiding Officer of the House of Representatives, Dr. C. C. Poindexter was elected President. Dr. Wilbert Jackson was reelected Secretary-Treasurer.

The Board approved Monday, July 24, 1939 as the date for Dr. Ralph C. Flowers to appear before the Board in person, either with or without counsel, to offer any evidence he might desire in support of his application for license to resume the practice of dentistry in North Carolina.

At the annual meeting of the North Carolina Dental Society, May 2, 1939 Dr. A. C. Current was elected to succeed Dr. W. F. Bell as a member of the Board of Dental Examiners. Dr. J. L. Ashby was reelected to succeed himself.

A special meeting of the North Carolina State Board of Dental Examiners was held July 9, at the King Cotton Hotel in Greensboro, N. C., for the purpose of tabulating the grades of the applicants for dental licenses.

The result of the tabulation revealed that the following having made an average of 80 or more had passed a successful examination and were therefore entitled to receive licenses to practice dentistry in North Carolina:

Apple, Howard D.....	Reidsville, N. C.
Bingham, James P., Jr.....	Lexington, N. C.
Brown, Pearson W.....	Asheville, N. C.
Darby, Richard D.....	Dallas, N. C.
Davis, Joe, Jr.....	Concord, N. C.
Fox, N. D.....	New Hope, N. C.
Fox, M. O.....	New Hope, N. C.
Funderburk, Ervin M.....	Trion, Ga.
Grant, Ben, Jr.....	Andrews, N. C.
Harrell, Paul T.....	Cofield, N. C.
Herndon, Charles F., Jr.....	Elberton, Ga.

McFall, Walter T.....	Nashville, Tenn.
McGuire, Alice Patsy.....	Sylva, N. C.
McGuire, Harold S.....	Andrews, N. C.
Neal, Walter E.....	Stuart, Va.
Nisbet, Thomas G.....	Huntersville, N. C.
Plaster, Harold E.....	Winston-Salem, N. C.
Pleasants, John E.....	Aberdeen, N. C.
Potts, Samuel J.....	Fair Bluff, N. C.
Renfrow, Raymond R.....	Fair Bluff, N. C.
Self, I. R., Jr.....	Lincolnton, N. C.
Smith, George Watson.....	Rutherfordton, N. C.
Thomas, J. T.....	Greensboro, N. C.
Traylor, G. B. F.....	Rich Square, N. C.
Vipond, Amand C.....	Norfolk, Va.
Ward, Stuart J.....	Robersonville, N. C.
Willis, Guy Roberts.....	Marshallberg, N. C.
Woodward, N. B.....	Gatesville, N. C.
Wright, Dan.....	Greenville, N. C.
Yelton, William D.....	Lawndale, N. C.

The following failed:

Edwards, Dale W.....	Wanter Haven, Fla.
Harris, A. L.....	Wilmington, N. C.
Hudson, William C.....	Morganton, N. C.
Johnston, H. O.....	Tuscumbia, Ala.
Jones, George W., Jr.....	Swedesboro, N. J.
King, M. D., Jr.....	Durham, N. C.
Lee, Kyle T., Jr.....	Norton, Va.
McIntosh, James A.....	Starr, N. C.
Parker, C. A.....	Casar, N. C.
Richter, John W.....	New York, N. Y.
Schuster, Frank.....	Brooklyn, N. Y.
Shapiro, Eugene N.....	Spartanburg, S. C.
Weiner, Harry.....	Roanoke, Va.

Upon motion by Dr. Paul Jones and seconded by Dr. J. L. Ashby the North Carolina State Board of Dental Examiners adopted as a minimum basis for pre-dental education the minimum basis as adopted by the Council on Dental Education. The same to be applicable to all students admitted to dental schools beginning with the 1941-42 session, which are as follows:

	<i>Semester Hours</i>
Biology	6
Inorganic Chemistry	8
Organic Chemistry	4
Physics	6
English	6
Electives	30 or more

Deviation from the Council's prescribed minimum requirements is allowed in all of the required subjects except Chemistry, and is dependent upon the length of college training and the level of achievement attained by students in their college work.

<i>Semester Hours</i>	<i>Deviation</i>
60	None
90	6 hours

Bachelor of Science or Bachelor of Arts Degree.....	9 hours
Master of Science or Doctor of Philosophy Degree.....	12 hours

The North Carolina State Board of Dental Examiners met in a special meeting at the Carolina Hotel, Raleigh, North Carolina, July 24, 1939 at 10 o'clock in the morning in accordance with notice issued by the Secretary for the purpose of affording Dr. Ralph C. Flowers an opportunity to appear in person, either with or without counsel, to present any evidence he might desire to present in support of his application pending before the Board at this time for license to resume the practice of dentistry in North Carolina. Dr. Flowers having been denied his renewal license on account of his criminal record in Forsyth County as confirmed by the Superior Court of Forsyth County and Supreme Court of North Carolina, he having been sentenced to the State Penitentiary for a term of seven to ten years.

Dr. W. F. Bell presided. All members of the Board were present.

Dr. Ralph Flowers was represented by Hon. W. C. Feimster, the North Carolina Dental Society was represented by Hon. I. M. Bailey, Attorney, who opposed the issuing of Dr. Flower's license to resume the practice of dentistry.

After the evidence had been heard and an official record made of same by Walker Y. Worth, arguments by counsel were heard at the conclusion of which the Board voted unanimously to wait for the official record of the case to be completed at which time each member of the Board would be supplied with a copy for study and deliberation.

The North Carolina State Board of Dental Examiners, all members being present, with Dr. W. F. Bell presiding, met in an adjourned session, pursuant to call at the King Cotton Hotel, in Greensboro, North Carolina, at 9:00 o'clock a.m., on September 4, 1939, for the purpose of further considering the application of Ralph C. Flowers for license to resume the practice of dentistry in North Carolina; that after said application had been duly considered said Board unanimously voted that said application be denied. Whereupon, a committee was appointed to draft a judgment for said Board denying said application, with instructions to make its report to the afternoon session of said Board, at the place aforesaid at 2:00 p.m.

An official record of the evidence presented to the Board by Dr. Ralph C. Flowers and the North Carolina Dental Society is on file in the office of the Secretary of the State Board of Dental Examiners.

The North Carolina State Board of Dental Examiners resumed its sitting at the King Cotton Hotel in Greensboro, N. C., at 2:00 p.m., on September 4, 1939, for the purpose of reviewing the judgment to be prepared by the committee, denying the application of Ralph C. Flowers for a renewal of his license to practice dentistry in North Carolina, and the committee having appeared before said Board and presented its report, together with the judgment hereinafter set out, which judgment was, in all respects, confirmed and approved by the North Carolina Board of Dental Examiners, all members being present, which judgment is as follows:

IN RE: APPLICATION OF RALPH C. FLOWERS FOR A LICENSE TO RESUME THE PRACTICE OF DENTISTRY IN NORTH CAROLINA. } NORTH CAROLINA } JUDGMENT
WAKE COUNTY.

This matter again coming on to be heard before the North Carolina State Board of Dental Examiners, all members being present at an adjourned meeting held pursuant to call, at the King Cotton Hotel in Greensboro, North Carolina, on September 4, 1939, on application of Ralph C. Flowers for a license to

resume the practice of dentistry in North Carolina, and being heard upon an agreed stipulation and verbal testimony as to the character of applicant submitted to said board, at a meeting of said board held at the Carolina Hotel in Raleigh, North Carolina, on July 24, 1939, at which time applicant appeared in person and was represented by Hon. W. C. Feimster, Attorney; and it appearing to said board that the said Ralph C. Flowers, while a practicing dentist in Forsyth County, North Carolina, was, at the October Term of the Forsyth County Superior Court, in the year 1936, indicted and convicted on a charge of conspiracy to rob with firearms—the same being a crime involving moral turpitude; and that as a result of said conviction the said Ralph C. Flowers was sentenced to the State Penitentiary for a term of 7 to 10 years, from which judgment and sentence he appealed to the Supreme Court of North Carolina, where said judgment was affirmed; that pursuant to said judgment applicant entered upon service of his sentence on July 27, 1937, and was conditionally paroled on July 26, 1938, for the remainder of his term; and it further appearing that after said applicant had been convicted and sentenced as aforesaid, and while his appeal was pending in the Supreme Court of North Carolina, he applied to the State Board of Dental Examiners for license to practice dentistry for the year 1937, and that on September 6, 1937, he was notified by letter from said board that his application for renewal license had been denied, on account of his criminal record in Forsyth County which had been confirmed by the Supreme Court of North Carolina, and that from said time until now said applicant has not been granted license to practice dentistry in North Carolina; and that on account of the fact that applicant has been convicted of felony involving moral turpitude, and is now out of the penitentiary for the balance of his term under a conditional parole, the Board of Dental Examiners is of the opinion, and so finds as a fact, that said applicant, Ralph C. Flowers, is an unfit person to practice dentistry in North Carolina.

It is thereupon considered, ordered and adjudged by the Board of Dental Examiners, in its discretion, and for the reasons assigned that the application of Ralph C. Flowers, for license to resume the practice of Dentistry in North Carolina, be and the same is hereby denied.

This 4th day of September, 1939.

WM. F. BELL, *President*,
WILBERT JACKSON, *Secretary*,
PAUL E. JONES,
C. C. POINDEXTER,
JOHN L. ASHBY,
C. A. GRAHAM.

Mr. W. C. Feimster, Counsel for Ralph C. Flowers, gave notice of appeal to the Superior Court. Bond was fixed at \$100. The appeal was never perfected.

L. L. Campbell, colored laboratory technician formerly of Greensboro, High Point, and Lillington, but more recently of Fayetteville, North Carolina, was tried in Cumberland County Recorder's Court, December 15, 1939 upon the charge of practicing dentistry without license. He was found guilty as charged, sentenced ninety days in jail. Sentence to be suspended upon payment of cost and to show to the courts that he has not violated any of the laws of North Carolina for a period of two years.

Attached hereto is the financial statement as of January 1, 1939 to January 1, 1940.

Respectfully yours,

WILBERT JACKSON, *Secretary-Treasurer*,
North Carolina State Board of
Dental Examiners.

WJ/t

Board Personnel:

Dr. C. C. Poindexter, President

Dr. Wilbert Jackson, Secretary-Treasurer

Dr. P. E. Jones

Dr. C. A. Graham

Dr. A. C. Current

REPORT ON AUDIT

OF

CASH RECEIPTS AND DISBURSEMENTS

Period from January 1, 1939 to December 31, 1939

BOARD MEMBERS

Dr. C. C. Poindexter.....*President*
Dr. Wilbert Jackson.....*Secretary-Treasurer*

Dr. J. L. Ashby
Dr. A. C. Current

Dr. C. A. Graham
Dr. P. E. Jones

DR. WILBERT JACKSON, *Secretary-Treasurer*,
North Carolina State Board of Dental Examiners,
Clinton, North Carolina

Dear Sir:

We have made an audit of the Cash Receipts and Disbursements of the
NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS
for the period from January 1, 1939 to December 31, 1939, and submit here-
with a report.

We traced all recorded cash receipts into the bank deposits and examined
the checks covering disbursements, which were found to be properly signed,
endorsed and cancelled.

We found the books to be neat, accurate and well kept.

Respectfully submitted,

R. C. CARTER & CO.
Certified Public Accountants.

January 8, 1940.

CASH RECEIPTS AND DISBURSEMENTS

Period from January 1, 1939 to December 31, 1939

EXHIBIT "A"

BALANCE JANUARY 1, 1939:

First Citizens Bank & Trust Co.....	\$ 409.53	
Commercial National Bank (Closed).....	128.16	\$ 537.69

RECEIPTS:

1939 Renewals 60 @ \$2.00.....	\$ 120.00	
1940 Renewals 765 @ \$2.00.....	1,530.00	\$1,650.00
1940 Renewals pending.....	6.00	
License to Resume Practice 6.....	100.00	
Examination Fees 46	910.00	
Returned Checks	26.00	
Errors in Checks (Contra).....	.56	
Refund of Expenses	60.40	\$2,752.96
TOTAL RECEIPTS AND BALANCE.....		\$3,290.65

DISBURSEMENTS:

Board Members—Per Diem and Expense (Sch. 1).....	\$1,069.80	
Board Meetings and Examination Expense.....	353.87	
Salaries:		
Secretary-Treasurer	\$ 150.00	
Assistant Secretary	50.00	200.00
Telephone and Telegraph	147.14	
Refund of Renewals	4.00	
Errors in Checks (Supra)	.56	
Legal and Court Fees	366.75	
Refund of Fee to Resume Practice.....	10.00	
Auditing	25.00	
Returned Checks	28.00	
Publication of List of Dentists	59.85	
Office Supplies, etc.	202.52	
Miscellaneous	38.90	
Intangible Tax	.53	
Postage and Registering Licenses	55.29	
National Association of Dental Examiners	47.00	
Dental Clinic	25.24	
Insurance	6.30	
Flowers	7.73	

TOTAL DISBURSEMENTS	\$2,648.48
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First-Citizens Bank and Trust Co.	\$ 514.01
Commercial National Bank (Closed)	128.16

BALANCE DECEMBER 31, 1939.....	\$ 642.17
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BOARD MEMBERS PER DIEM AND EXPENSE

Period from January 1, 1939 to December 31, 1939

SCHEDULE 1

Dr. W. F. Bell	\$ 45.50	
	166.55	\$ 212.05
Dr. C. C. Poindexter	\$ 15.50	
	12.35	
	127.80	155.85

Dr. Wilbert Jackson	\$ 20.00	
	19.50	
	139.50	\$ 179.00
Dr. J. L. Ashby	\$ 21.50	
	20.80	
	140.30	182.60
Dr. C. A. Graham	\$ 16.00	
	10.00	
	130.50	156.00
Dr. P. E. Jones	\$ 20.00	
	21.80	
	142.00	183.80
TOTAL (To Exhibit "A")		\$1,069.80

BOARD MEETINGS AND EXAMINATION EXPENSE

Period from January 1, 1939 to December 1, 1939

SCHEDULE 2

Washington Duke Hotel	\$ 10.82	
Sir Walter Hotel	11.82	
Carolina Hotel	134.05	
King Cotton Hotel	12.00	
Carolina Hotel	21.78	
King Cotton Hotel	19.81	\$ 210.28
Advertising		17.64
Examination Supplies		10.00
Towels		10.95
Lamps		.90
Labor:		
James Freeman	\$ 2.50	
M. V. Mooneyham	5.00	
David Haywood	10.00	17.50
Examination Assistant		20.00
Teeth		33.20
Storage and Moving Equipment		28.40
Commissions		5.00
TOTAL (To Exhibit "A")		\$ 353.87

RECONCILIATION WITH FIRST-CITIZENS BANK & TRUST COMPANY

December 31, 1939

SCHEDULE 3

BALANCE PER BOOKS (Exhibit "A")	\$ 514.01
ADD:	
Outstanding Checks:	
No. 424	\$ 10.00
No. 713	8.65

No. 716	\$	5.15	
No. 717		.06	\$ 23.86
BALANCE PER BANK DECEMBER 31, 1939			\$ 537.87

Dr. W. T. Martin (Raleigh):

I have the report of the Receipts and Disbursements on Dental Histories.

Original amount advanced by State Society.....	\$	500.00	
Further advanced by State Society paid direct to Bynum			
Printing Company		1,283.75	
Total proceeds from sale of Books.....		696.00	\$2,479.75

DISBURSEMENTS

Bynum Printing Company for Books.....	\$1,833.75	
Postage, Stenographic Service, Multigraphing, wrapping, etc.	554.95	
Balance in Bank.....	91.05	\$2,479.75

There have been 116 books sold and 30 courtesy copies and we have on hand 388 copies, which if we can sell at the specified \$6 per copy, will amount to \$2,328.

President Alford:

Gentlemen, you have heard the report. What is your pleasure?

Motion made, seconded and carried that the report be accepted.

Dr. Minges:

On Dr. Lineberger's Report, there were two sections. I move the adoption of the first part, up to the point of the Resolutions.

Dr. Moser:

I second the motion.

President Alford:

Motion has been made and seconded that the first part of Dr. Lineberger's report be accepted. Is there any discussion?

Dr. Jennette:

Maybe I am not deep enough. I don't know anything about the first part or the second part. It was long and some of us were probably asleep.

Member:

Do you want it read?

Dr. Jennette:

I don't want it read.

Dr. Lineberger:

I can probably explain this situation. Of course the first part of the report, the committee dealt with, the obligation which the dentist himself takes when he is licensed to practice dentistry, the requirements which he has to face in order to be a licensed practitioner of dentistry. Then we are faced with how we are still responsible for all the prosthetic appliances and all those things that are put in the mouth. In order to have control of the laboratory situation, so to speak, as go into the whole dental practice, we make those recommendations. That is the situation. I think all of you have read them. You know what Dr. Wright said this morning in regard to all those things. Some of these things are probably not important in North Carolina but they are growing every day.

President Alford:

Dr. Jennette, does that explain it?

Dr. Jennette:

I couldn't vote on it intelligently, no.

President Alford:

Is there any further discussion?

Question! Question! Question!

President Alford:

Motion is made and seconded that the first section of Dr. Lineberger's report be received. All in favor, let it be known by saying "Aye." Opposed "No." The "Ayes" have it.

Dr. Sheffield:

I have the report of the Editor-Publisher for 1939-1940.

Cash in Guilford National Bank, July 20, 1940.....\$ 88.59

1939

RECEIPTS FROM ADVERTISEMENTS

Oct.	5	Buran's Dental Laboratory	15.00
		R. & R. Dental Laboratory.....	8.00
		Merrimon Insurance Agency	8.00
		Horton Dental Laboratory	8.00
Oct.	10	N. C. Dental Society (Envelopes and mailing Pro- ceedings)	14.88
		Thompson Dental Company	25.00
		Woodard Prosthetic Company	25.00
Oct.	13	Raleigh Dental Laboratory	25.00
		Corega Chemical Company	7.84
Nov.	1	Fleming Dental Laboratory	15.00
		Frank A. Spolane (Pycop'e)	25.00

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Jan.	10	Raleigh Dental Laboratory	25.00
		Woodward Prosthetic Company	25.00

		Merrimon Insurance Agency	\$ 8.00
		Corega Chemical Company	7.84
Jan.	12	Central Dental Laboratory	16.00
		Keener Dental Laboratory	15.00
Feb.	1	Thompson Dental Company	25.00
Feb.	14	Powers & Anderson Dental Company.....	50.00
Mar.	13	Spakes Dental Laboratory	8.00
		Buran's Dental Laboratory	25.00
		R. D. Webb Dental Company.....	15.00
Mar.	20	Ray-Lyon Company	15.00
		Charlotte Dental Laboratory	25.00
Apr.	26	R. & R. Dental Laboratory.....	25.00
		Dentist's Supply Company	25.00
		Rothstein Dental Laboratory	15.00
		Harris Dental Company	15.00
Apr.	29	Hotel Charlotte	25.00
		Antidolar Manufacturing Company	15.00
		Vaught Dental Laboratory (1939 account)	8.00
		Corega Chemical Company	7.84
		Larkwood Hosiery Mills	8.00
		Merrimon Insurance Agency	8.00
May	1	Woodard Prosthetic Company.....	25.00
		S. S. White Dental Company	25.00
May	4	Tenner's	8.00
		Fleming Dental Laboratory	16.00
		Thompson Dental Company	25.00
May	13	R. Lee Tooms Dental Laboratory	25.00
		Powers & Anderson Dental Company	25.00
		Keener Dental Supply Company	15.00
		Duke Power Company	15.00
		Efirds Department Store	8.00
		Thacker's Restaurant	8.00
June	5	Addison Vars (Williams Gold Company)	8.00
July	5	Raleigh Dental Laboratory	25.00
		Little Pep Sandwich Shop	8.00
		North State Dental Laboratory.....	8.00
		Noble Dental Laboratory	8.00
		Yarborough Dental Laboratory	8.00
July	26	Co-operative Dental Laboratory	8.00
		Central Dental Laboratory	8.00
		Miller Dental Laboratory	8.00

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\$960.99

DISBURSEMENTS 1939-1940

Aug.	21	Telephone	\$ 5.25
		Stamps and postal cards	3.50
Sept.	6	Postmaster, Deposit for mailing Proceedings.....	8.00
Sept.	28	Postmaster, Deposit for mailing Oct. issue Bulletin	5.00
Nov.	4	W. H. Fisher Company, printing October issue.....	225.25
		Manning Engravers, Cuts, October issue.....	11.94
1940			
Feb.	16	Fisher Printing Company, January issue Bulletin	150.00
		Manning Engravers, cut, January issue.....	2.59
Feb.	21	Cash, Stamps, April issue.....	3.00
Apr.	3	Manning Engravers, Cuts April issue.....	34.93

Apr. 15	Postmaster, Deposit for mailing April Bulletin.....	\$ 5.00
Apr. 17	Postmaster, Additional deposit, April Bulletin.....	3.50
Apr. 29	Dr. O. W. Brondhorst, Dues, A.A.D.E., 1940.....	5.00
May 3	Fisher Printing Company, on account	250.00
	J. H. Schaefer & Sons, Centenary Celebration Pic- tures	4.00
July 15	Fisher Printing Company, balance on account.....	193.55
July 26	Cash, Telephone, Postage and mailing cuts.....	14.25
		\$924.76
Cash in Guilford National Bank, Greensboro, N. C., July 26, 1940.....		\$36.23
Account charged off the books as uncollectible		

1939

April Hotel Raleigh\$ 8.00

At this time I would like to thank the advertisers who have supported us so loyally, making it possible for the BULLETIN to be financed entirely by advertising.

Ordinarily our circulation is 800 copies but the April issue was increased to 1,600 in order to mail each member of the State Societies of Virginia and South Carolina a copy of the BULLETIN containing the program and an invitation to our annual meeting in Charlotte.

Your Editor-Publisher wishes to thank those of our membership who have cooperated so generously with our staff and made it possible for us to carry on.

Respectfully submitted,

NEAL SHEFFIELD,
Editor-Publisher.

President Alford:

You have heard the report. What is your pleasure?

Moved and seconded that the report be accepted.

President Alford:

All in favor, let it be known by saying "Aye." Opposed "No." It is so ordered.

Dr. W. W. Rankin:

I have the report of the State Institutions Committee. (Reads.)

REPORT OF STATE INSTITUTIONS COMMITTEE

Your committee on State Institutions respectfully submits the following report:

The following Institutions have whole-time dentist:

State Hospital, Raleigh.

State Hospital, Goldsboro.

State Penitentiary, Raleigh.

North Carolina Sanatorium, Sanatorium.

Those having part-time dentist, or work being cared for by dentist in near-by towns:

Caswell Training School, Kinston.

Samarcand Manor, Eagle Springs.

North Carolina School for the Deaf, Morganton.

North Carolina Orthopedic Hospital, Gastonia.

State Industrial Farm Colony for Women, Kinston.

Those being cared for by the State Board of Health:

Jackson Training School, Concord.

Eastern Training School, Rocky Mount.

State School for the Blind, Raleigh.

The State Hospital in Morganton does have adequate equipment including an X-ray machine, but does not have a full-time dentist. We would like to recommend a full-time dentist for this Institution in order that the dental work may be adequately taken care of.

Since our meeting last year the dental office at the State Hospital in Goldsboro, has been moved into a new building, and equipped with new and up to date equipment.

Respectfully submitted,

W. W. RANKIN, *Chairman*,

R. D. COFFEY,

S. E. MOSER,

COYTE MINGES,

C. H. WADSWORTH,

E. M. MEDLIN,

J. G. POOLE,

H. L. OVERMAN.

President Alford:

Gentlemen, you have heard the report. What is your pleasure?

Motion made and seconded that the report be accepted.

President Alford:

Is there any discussion?

Dr. David Abernathy, Sr.:

Our County Association in Caldwell County made inventory of the conditions that existed and since they have installed a new machine. These people were inadequately cared for up until the last two months. That is one phase that was neglected. I think we should give those people the best possible.

President Alford:

Any further discussion? If not, all in favor of accepting the report, let it be known by saying "Aye." Opposed, "No." The motion is so ordered.

Dr. E. A. Branch:

Mr. President and Gentlemen: This is the report of the Oral Hygiene Committee.

REPORT OF THE ORAL HYGIENE COMMITTEE THE NORTH CAROLINA DENTAL SOCIETY

1940

A prominent dentist recently made the statement that there are more dentists afraid of "three year olds" than there are "three years olds" afraid of the dentist. Let's add from three to ten years to the age he mentioned

and consider the situation in North Carolina among children between the ages of six and thirteen. Can it not truthfully be said that fear is rapidly being eliminated from both sides of this relationship?

This is being accomplished through the Mouth Health Education Program conducted in the schools of the State by the Division of Oral Hygiene of the State Board of Health. The thirty school dentists on the staff, in making friends with the children, are doing this not only for themselves personally, but also as representatives of the dental profession.

By the end of this school year, our dentists will have taught Mouth Health to approximately 200,000 children. Of this number, about 70,000, who are underprivileged, will have received the necessary dental corrections, while the others will have been referred to their own dentists.

"Little Jack," the hero of the puppet show, is rounding out his fifth year of telling the children that the dentist is their friend and advising them to see their dentists three times a year. He is so well known and loved by the children that his word carries weight with them.

"Jack's Travelogue" now has a circulation of 45,000 and is issued every two weeks. This sheet, which, of course, carries a mouth health message, is incorporated in the mimeographed school papers. Thus, it reaches the mothers and fathers as well as the children.

Thousands of sheets of Mouth Health educational material have been distributed to the teachers of the State to assist them in teaching Mouth Health in their classrooms.

The Division of Oral Hygiene feels that much of the success of the Mouth Health Education Program is due to the coöperation and support of the dentists in private practice throughout the State.

Respectfully submitted,

ERNEST A. BRANCH, *Chairman*,
C. S. MCCALL,
GUY MASTEN,
W. R. MCKAUGHAN,
C. E. ABERNETHY,
JUNIOUS C. SMITH.

President Alford:

Gentlemen, you have heard the report. What is your pleasure?

Dr. Moser:

I move the adoption of the report as submitted by Dr. Branch and if we have time render thanks to the Oral Hygiene Committee with Dr. Branch as head.

Motion seconded.

President Alford:

You have heard the motion made and seconded. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." The motion is carried and it is so ordered.

Are there any further committee reports at this session?

Dr. G. Fred Hale:

We have the report of the Ethics Committee.

REPORT OF ETHICS COMMITTEE

The Ethics Committee is happy to report that no member of the North Carolina Dental Society has been cited to appear before it. During the past year seven members have written this Committee making inquiry into policies and procedures and asking for guidance in handling problems which have arisen in their practice or community. By virtue of the fact that such inquiries are increasing we feel that it is indicative that our members wish to conform to the highest standard of conduct.

Respectfully submitted,

O. C. BARKER,
R. B. HARRELL,
W. L. McRAE,
Z. L. EDWARDS,
G. FRED HALE, *Chairman.*

President Alford:

Gentlemen, you have heard the report. What is your pleasure?
Motion made and seconded that the report be adopted.

President Alford:

All in favor, let it be known by saying "Aye." Opposed "No." The motion is so ordered.

Are there any further committees to report?

If there is no further business, a motion to adjourn is in order.

Motion made by Dr. Moser and duly seconded to stand adjourned.

MONDAY EVENING SESSION

The Monday evening session of the North Carolina Dental Society convened in the Ballroom of the Hotel Charlotte, Charlotte, N. C., at 8:20 o'clock with the President, Dr. Frank O. Alford, presiding.

President Alford:

The meeting will please come to order. The Chair recognizes Dr. Wilbert Jackson, who will introduce our next speaker.

Dr. Jackson:

Mr. President, Members of the North Carolina Dental Society, Ladies and Guests:

I am pleased to present to you at this time Dr. S. S. Arnim, of the Medical College of Virginia, who will address you on the subject of "The Utilization of Biologic Principles in the Practice of Operative Dentistry." Dr. Arnim.

Dr. S. S. Armim, B.A., D.D.S., Ph.D. (Richmond, Virginia):

Mr. President, Members of the North Carolina Dental Society and Guests:

It is my sincere wish tonight to bring to you a little something in return for the marvelous entertainment that I have had since I have been here. Needless to say, a scientific discussion is hardly entertainment of the most agreeable type. I am afraid I am not very good in telling jokes. The first I ever told my Dental students resulted in a murmur that began in the front and ended in the back row and at the end of ten minutes the class laughed. I do think, however, that our work in operative dentistry can prove extremely interesting and decidedly entertaining. There are certain elements in the field of operative dentistry that have furnished me with a great deal of entertainment and amusement at times. It is about these elements that I intend to talk this evening. My subject is "The Utilization of Biologic Principles in the Practice of Operative Dentistry." That means, Gentlemen, nothing more nor less than an attempt upon my part to use some of the courses I studied in various colleges in the every day practice of operative dentistry, courses such as physiology, chemistry, bacteriology, metallurgy and physics. After searching for a number of years for points of close relation between these courses and operative dentistry a few have come to light. It is about them that I hope to speak with some clarity during this discussion.

When I considered my subject tonight and the problem that lay before me, I thought that I understood to a certain extent why Will Rogers so often said, "I know only what I read in the papers." All of the points of real interest that I am going to bring before you were originated by workers in the field of dentistry. None of them are original and this talk is nothing more nor less than my interpretation to them. The purpose of this discussion is to demonstrate how knowledge of the basic sciences may be applied to the practice of operative dentistry. No new techniques, methods or instruments shall engage our attention. It is my sincere hope that I may interest you in a system of thought and action that will make it possible for you to use present knowledge to better advantage. Naturally it is impossible to enumerate all the known factors in the field of the basic sciences that have a practical bearing on operative dentistry in the time we have available. In view of this fact, I shall choose the subject of dental pathology for illustrative purposes.

I would like to inject the thought that in my clinic Wednesday morning, I will be prepared to demonstrate the application of this knowledge to the preparation of cavities, to the formulation of cavity outlines in human teeth, with the same instruments that you use and with the same techniques that you employ in your own office. I have brought with me a number of models and drawings to illustrate how the factors we discuss tonight may be applied in general practice.

In order to demonstrate the advantages to the general practitioner of knowledge in the basic sciences certain recent developments concerning dental caries will be analyzed in terms of general practice. We shall consider the application of these developments to the problems of mouth examination, cavity outline, cavity preparation and practice management. An attempt will be made, through the use of this example, to show how a critical analysis of related knowledge in a basic field points the way to a system of thought and action in the entire field of the biological sciences, a system that will lead to a higher efficiency and a better service on the part of the practicing dentist.

During this critical analysis of the relation of dental pathology to operative dentistry stress will be laid upon the importance of this general system of thought in the program of preventive dentistry. Developments in dental pathology intelligently used by the general practitioner will lead to a reduction in the loss of teeth due to the ravages of dental caries, a longer life for individual restorations, a reduction of operating time, fewer pulp exposures and a diminution of pain.

Let us consider a hypothetical patient—a young woman of 25 years, the mother of a six-months-old infant. She enters your dental office complaining of a recent development of a large number of cavities in her teeth. What developments in the field of dental pathology will be of value in the analysis and treatment of this woman's complaint? A critical review of the subject yields us a certain fund of knowledge that may be conveniently divided under three general headings for purposes of clarify. They are:

1. Statistical studies of cavity incidence.
2. Laboratory and clinical studies of the pathogenesis of dental caries.
3. Clinical studies of recurrence of dental caries following treatment.

In other words, there have been certain research men that have studied the number of cavities that occur in an individual mouth. Instead of stopping with their own practice, they have extended these studies by using groups of thousands of individuals and have eventually arrived at a conclusion regarding the average number of cavities that occur in the average individual's mouth. Since the time of Miller, we have had any number of men that have devoted their lives to the problem of the etiology or cause of dental caries. The total sum of their knowledge is extremely interesting to us as practicing dentists. There are certain phases that have a practical application. One man has made a study of restorations placed by himself over a period of 25 years' time. He has published that study, telling how many fillings failed and how many are still successfully fulfilling their purpose. The knowledge incorporated in his publication is of extreme interest to dentists.

How are we to put this knowledge to practical use? Will it aid us during mouth examination, while planning cavity outlines, during cavity

preparation and, gentlemen, how will it affect our problems of practice management? Is it practical? Does it pay?

During the last two decades we have seen many papers dealing with cavity incidence. The term D.M.F. has entered dental literature; it deals, of course, with decayed, missing and filled teeth. Several authors have introduced us to the idea of a caries index. My interpretation of the practical value of these studies to the problem of mouth examination lies in the construction of two charts—one for adults and one for children. These charts were most easily constructed from the data of Hyatt or Leigh for adults; from that of Cohen for children. Those surfaces that in the experience of these authors were most likely to decay were colored with a brilliant red on a blank examination card. Surfaces that were less likely to decay were colored orange and so on. The result was a card containing surfaces marked with colors to indicate a descending order of cavity incidence. This card is used as a reminder of the following clinical facts—if a cavity is found on the mesial surface of an upper first bicuspid, one may expect to find cavities or fillings on the mesial surface of the maxillary first molar, second bicuspid, lateral incisor and central incisor. He may also expect to find a cavity on the mesial surface of the mandibular first molar. Knowledge of this type properly applied will reduce your troubles during mouth examinations.

We have recently learned that acid is produced on tooth surfaces where there are plaques or carious lesions present. This question has been debated by investigators since Miller first propounded his chemico-parasitic theory of dental caries; now it appears to have been settled in his favor. Through the use of antimony and glass electrodes in the hands of Dr. Robert Stephan, working in the patients' mouth at the chair, and by Dr. Leonard Fosdick, working in the laboratory the presence of acid has been demonstrated on tooth surfaces and in carious lesions. Since Stephan's initial discovery, other investigators using different methods have confirmed his findings. These men tell us that acid is not found or formed on tooth surfaces where plaques or cavities are present unless carbohydrate food debris is present. They have demonstrated that acid forms within two minutes in a plaque or cavity after the administration of sugar or starch solutions. Formation continues and is detectable for periods varying from one-half to two hours. In terms of the general practitioner this all means that the carious process is not a continuous one, but definitely intermittent.

These studies indicate that the carious process is active on tooth surfaces when certain conditions prevail. These conditions are:

1. The presence of a plaque containing organisms and enzymes.
2. The presence of carbohydrate food debris.

When we have the first factor plus the second on tooth surfaces, we get a third factor, which is the production of acid. When we have three factors a carious lesion is the result. This knowledge proves very useful to the general practitioner during mouth examination because

he looks for evidences of the attack of the carious process rather than for holes in teeth. The signs of dental caries enumerated in the light of our knowledge of the histopathology of the process are:

A loss of translucency of enamel and dentin, a softening of enamel and dentin, microscopic followed by macroscopic cavitation of the tooth surface, and discoloration of the carious dentin and enamel with time.

We are obligated to Dr. Pichler of Vienna for a study of the comparative longevity of gold foils, gold inlays and amalgams. After 25 years of practice Pichler called in all of his patients and carefully examined the restorations that were remaining in their mouths. He recorded during this examination the condition of each restoration. When he completed his examinations he found that he had studied some 800 patients. Each cavity had been designed according to the principles of Dr. G. V. Black's text on Operative Dentistry. All cavities were Class II cavities. Dr. Pichler tells us that gold foil is the best filling material, inlays second and amalgam a close third. Recurrence of caries was found most frequently at the distobucco-gingival angle, the disto-linguo-gingival angle was next in order and the mesial angles least. This knowledge is quite helpful to the practitioner in locating recurrent lesions.

The planning of cavity outlines by the practicing dentist is influenced in several ways by the information discussed in the foregoing paragraphs. Pichler's knowledge of recurrence of caries around Class II cavities emphasizes the necessity for extension for prevention at the disto-bucco-gingival and disto-linguo-gingival angles.

The newer knowledge regarding the pathogenesis of dental caries supports the practice advocated by Dr. G. V. Black in regard to extension for prevention. The amount that cavities should be extended may be partly determined by the extent of the plaque on the tooth surface and an examination of the underlying tooth structure.

Statistical studies regarding cavity incidence are exceptionally helpful in determining extension of cavity outlines. Many of us have cast inlays for upper first bicuspid. How many of us have ever stopped to think why the bucco-lingual extension is so much smaller on the mesial surface than it is on the distal. Caries occurs much less frequently on the mesial surface of the upper first bicuspid than it does on the distal surface. Consequently, if we are to avoid recurrence of caries, we must extend much further on the distal surface than the mesial. Most of us practice this particular procedure. Few of us stop to think that the fundamental principles that govern that procedure are applicable elsewhere in the mouth. Those surfaces and those patients with low cavity incidence may safely be treated with minimum extension for prevention, those with high cavity incidence should be treated more radically. The important point to be considered by the general practitioner is that he relate his judgment in regard to cavity incidence to that of an experienced statistician in this field. In my practice I

had a total of 300 patients. If I were to rely on my own clinical experience for determining which of my patients had an average number of cavities in their mouths, I would frequently be in error. However, if I rely on Hyatt and Leigh to tell me the average number of cavities in an individual's mouth, I am much more likely to be correct. Consequently, I rely upon those authorities to tell me the average incidence and I rely upon my own judgment to tell me how far to extend the cavities in order to prevent recurrence of caries.

In addition to the data discussed above relating to the pathogenesis of dental caries several additional factors have a direct bearing on cavity preparation. The carious process penetrates enamel along the direction of the rods, it spreads at the dentino-enamel junction and follows the course of the dentinal tubules toward the pulp chamber. In permanent teeth, Fish has observed that there is a response to the invasion of dentin by caries. Additional lime salts are deposited in primary dentin underlying the carious lesion. This hardening or sclerosis of primary dentin is evidenced to the general practitioner by a radiopaque zone between the carious lesion and the pulp. Fish calls this the dead tract and some investigators are of the opinion that the dentinal tubuli become obliterated through calcification in these areas. The conclusions that the practicing dentist draws from a critical analysis of these facts is that all caries at the dentino-enamel junction must be removed in order to obtain a sound dentino-enamel wall in a cavity preparation. It is reasonable to assume that the sclerotic or dead tract in the dentin will be less sensitive than unchanged dentin. Fish has found this to be true in his clinical work. It is very helpful in the preparation of class V cavities.

What may we deduce from the fact that the carious process is an active one when organisms, carbohydrate food debris and acid are present? Can we have an active carious process without the carbohydrate food debris? Since the time of Miller carious dentin in the deeper parts of cavities, that portion nearest the pulp chamber, has been treated with various medicaments and left undisturbed. This technique was followed in order to prevent mechanical exposures in selected cases where the process did not involve pulpal tissue. All histopathologists know that, microscopically speaking, some of the carious lesion is almost always allowed to remain in cavity preparations. It is my opinion, therefore, that in selected teeth we may treat that portion of the carious lesion near the pulp with ammoniacal silver nitrate rather than run the danger of a mechanical pulp exposure. In view of the fact that we have destroyed the majority of the organisms present with the medicament used, that we have sealed the remainder of the lesion from the oral cavity by means of a good filling material, is it not reasonable to assume that the carious process must stop? Even though there may still be a few viable organisms in the dentin after our treatment is completed, can they produce acid without carbohydrate food debris? In the ex-

perience of many of the older practitioners with whom I have discussed this subject, the procedure is clinically justified because it withstands the test of time. Failure lies in the inability of the operator to determine whether the pulp is involved before he begins his treatment.

We have discussed means whereby knowledge in the field of dental pathology may be applied to the problems of mouth examination, cavity outlines and cavity preparations. Are the suggestions made sound from the economic standpoint? I have told you that it is possible to find cavities more accurately and in a shorter time by using certain information available in statistical studies of cavity incidence. Does this procedure diminish the dentist's monthly earnings? Better work in less time means only one thing to the practicing dentist and that, gentlemen, is increased earning power. Let us consider the additional factors we have analyzed, the relation of our knowledge of the pathogenesis of dental caries to the problems of cavity outlines and cavity preparations, the application of clinical studies regarding recurrence of cavities to cavity outlines. Do any of these suggestions require tedious hours of chair or laboratory work? Are they beyond our means, due to their high price? The answer is obviously NO! You may ask why don't all dentists follow this general system of thought in the conduct of their practice. My answer is—I do not know.

It would be negligence on my part were I not to complete this discussion with a short statement in regard to the role that the basic sciences are playing in preventive dentistry. Wisan states that in certain areas in New Jersey where statistical methods are being used to evaluate results obtained by Hyatt's proposed treatment, namely prophylactic odontotomy, that the life expectancy of permanent teeth has been increased. Until we begin to follow Pichler's lead and carefully evaluate the efficiency of our filling materials and cavity preparations, we cannot say that we are practicing preventive operative dentistry. The recent developments in regard to the pathogenesis of dental caries leave us with very definite ideas in regard to prevention of carious lesions. Teeth should be thoroughly cleaned immediately after each meal. We might advantageously reverse the procedure of some of our dining habits. Grapefruit might be eaten whole at the end of breakfast instead of drunk as juice at the beginning. Can you conceive of any more satisfactory or delicious meal for the acid forming organisms of the dental plaque than sweetened coffee and custard pie?

The use of natural foodstuffs as detergents in a preventive program aimed at cavity occurrence was suggested by Simms Wallace many years ago.

To summarize, gentlemen, in the proceeding discussion I have attempted to interpret the recent developments in the field of dental pathology as instruments in the hand of the operative dentist. Scientific knowledge has been critically analyzed from the standpoint of the practitioner who is interested in practice management. Certain suggestions

have been made that conflict with certain dogma. These suggestions are made in a definite attempt to incorporate all the maxims of established dental procedure in a flexible form designed to meet biologic and physical requirements that are not readily susceptible to standardization. Intelligent application of these suggestions leads to operative restorations that more adequately fulfill the needs of the individual patient with a minimum expenditure of time and effort on the part of the practitioner. I leave you the thought that preventive dentistry is practical dentistry brought about by the intelligent application of knowledge of the basic sciences to every day practice.

I thank you. (Applause.)

President Alford:

No doubt you have many, many questions that you would like to ask Dr. Arnim. He will give his clinic Wednesday morning. If you will prepare such questions as you would like to ask him, I am sure he would be glad to answer them at that time.

Dr. Arnim, I speak for all those present when I say we all enjoyed your presentation.

President Alford:

The Secretary has a telegram that he would like to read at this time.

Secretary Fitzgerald: (Reads)

GOLDSBORO N CAR

DR J N JOHNSON

CARE NC DENTAL SOCIETY HOTEL CHARLOTTE

RECALLING THE PATRIOTIC RECORD OF THE STATE DENTAL ASSOCIATION DURING THE WORLD WAR IN TENDERING THE FREE SERVICES OF ITS MEMBERSHIP TO THE GOVERNMENT THROUGH GENERAL CROWDER I CONGRATULATE YOUR ASSOCIATION UPON ITS CONTINUED PATRIOTIC AND CONSTRUCTIVE EFFORTS TO PROMOTE THE HEALTH OF THE STATE. THE PUBLIC SCHOOL SYSTEM OWES YOUR MEMBERSHIP A DEBT OF GRATITUDE FOR ITS SPLENDID AID IN REDUCING REPEATERS IN GRADES ELIMINATING DELINQUENCIES AND TRANSFORMING DULLARDS INTO EFFECTIVES. THROUGH SUCH SERVICE IT IS DEMONSTRATING A HIGH CONCEPTION OF PROFESSIONAL DUTY.

COL. JOHN D. LANGSTON
U. S. A. RESERVES

(Applause)

TUESDAY MORNING, MAY 7

9:00 A.M.

General Table Clinics. (Dining Room.)

"Differential Diagnosis in Periodontia Using Staining Solution."

W. D. Gibbs, D.D.S., Charlotte, N. C.

"New Types of Metal Fracture Splints, Minimizing Trauma."

R. M. Olive, D.D.S., Fayetteville, N. C.

"Visualizing Children's Dentistry."

L. D. Arthur, D.D.S., Charlotte, N. C.

"Amalgam Restorations."

Z. Vance Kendrick, Jr., D.D.S., Charlotte, N. C.

"Impression Compound Matrices for Filling Porcelain."

L. J. Dupree, D.D.S., Kinston, N. C.

"Amalgam."

Rufus S. Jones, D.D.S., Warrenton, N. C.

"Vincent's Infection."

D. B. Mizell, D.D.S., Charlotte, N. C.

"Gas Anaesthesia for Oral Surgery."

Carey Teague Wells, D.D.S., Canton, N. C.

"A New Design for a Bridgetooth and Its Practical Application Using Stock Tube Teeth."

Alfred Chamberlain, D.D.S., North Wilkesboro, N. C.

"Method of Determining Length of Needle for Injection."

E. G. Click, D.D.S., Elkin, N. C.

"Adjustable Compound Full Denture Impression."

Thomas M. Hunter, D.D.S., Henderson, N. C.

"Low Fusing Porcelain and Some of its uses in Dentistry in both Jacket and Inlays, also the use of Petralite as a die for Jackets and Inlays."

J. R. Edwards, D.D.S., Fuquay Springs, N. C.

"The Immediate Replacement of Anterior Teeth Using Trupontic Facings."

R. F. Graham, D.D.S., Rowland, N. C.

"Denture Base Materials."

"Amalgams—Silicates."

(Courtesy Bureau of Standards, Dr. George C. Paffenbarger, Research Associate.)

H. O. Lineberger, D.D.S., Raleigh, N. C.

Howard Branch, D.D.S., Raleigh, N. C.

Royster Chamblee, D.D.S., Raleigh, N. C.

J. E. Swindell, D.D.S., Raleigh, N. C.

"Direct Inlay Technic."

Dan Wright, D.D.S., Greenville, N. C.

"Cavity Preparation."

G. S. Alexander, D.D.S., Kannapolis, N. C.

L. C. Holshouser, D.D.S., Rockwell, N. C.

"Pyorrhea Treatment."

C. D. Wheeler, D.D.S., Salisbury, N. C.

"Silver Nitrate in Dentistry."

Thomas Nisbit, D.D.S., Charlotte, N. C.

"Some Uses of Zinc Oxide."

J. B. Freedland, D.D.S., Charlotte, N. C.

"Baked Porcelain Bridge Work."

Bernard N. Walker, D.D.S., Charlotte, N. C.

"Extractions and Impactions and Post Operative Treatment."

N. P. Maddux, D.D.S., Asheville, N. C.

"Anterior Centric Record Models—Demonstrating Their Many Uses and the Advantages of a New Method Procedure."

Robert N. Harper, D.D.S., Danville, Virginia.

"Mandibular Fractures—Methods by Which the Majority Can Be Reduced and Immobilized."

Vaiden B. Kendrick, D.D.S., Charlotte, N. C.

"Indirect-Direct Inlays."

B. McK. Johnson, D.D.S., Greenville, N. C.

TUESDAY NOON SESSION

President Alford:

The meeting will please come to order.

At this time I would like to recognize Dr. Amos Bumgardner who has a word to say.

Dr. Bumgardner:

Mr. President and Members:

We are happy to have these visiting guests with us from our sister states:

Howard B. Higgins, Spartanburg, S. C.

B. R. Johnson, Spartanburg, S. C.

P. B. Hair, Spartanburg, S. C.

John E. Groce, Jr., Greenville, S. C.

F. A. Imett, Lancaster, S. C.

D. L. Sexton, Florence, S. C.

Stanley C. Baker, Greenwood, S. C.

Trans Chappell, Columbia, S. C.

Carl L. Pope, Lancaster, S. C.

Wm. D. Lanier, Jr., Oteen, N. C.

E. G. Bumgardner, Columbia, S. C.

Lt. Col. V. Z. Brown, Fort Bragg, N. C.

J. G. Park, Spartanburg, S. C.

D. C. Hinson, Camden, S. C.

S. Bruce Fernell, Rock Hill, S. C.

J. G. Nichols, Rock Hill, S. C.

J. E. Welch, Rock Hill, S. C.

M. G. Cox, Independence, Va.
C. E. Saunders, Florence, S. C.
J. E. Turner, Chesterfield, S. C.
G. A. Bunch, Columbia, S. C.
A. J. Bechenbaugh,
Frank Obentz, Bennettsville, S. C.
J. F. Amick, Columbia, S. C.
Quistam W. Bethea, Lancaster, S. C.
W. B. Conrad, Orangeburg, S. C.
Arthur H. Merritt, New York City
Robert N. Harper, Danville, Va.
C. A. Parker, Casar, N. C.
S. S. Arnim, Richmond, Va.
Floyd D. Hawton, Fort Bragg, N. C.
Edward R. Hays, M.D., New York
J. H. Barnhardt, Greenville, S. C.
Walter A. Powers, Fort Bragg, N. C.
Daniel C. York, Fort Bragg, N. C.
Harry Bear, Richmond, Va.
Julius Hughes, Atlanta, Ga.
E. L. Banks, Atlanta, Ga.
Ralph R. Byrnes, Atlanta, Ga.
Wm. W. Wright, Richmond, Va.
A. C. Wright, Richmond, Va.
A. M. Wash, Richmond, Va.
L. S. Hoover, Richmond, Va.
Guy Harrison, Richmond, Va.
W. Tyler Haynes, Richmond, Va.
J. E. L. Thomas, Paris Island, S. C.
G. A. C. Jennings, Richmond, Va.
J. A. McIntosh, Winston-Salem, N. C.
Herbert E. Williams, Red Bank, N. J.
R. L. Sprau, Louisville, Ky.
W. H. Wright, Pittsburgh, Pa.
Oland Kirkland, Montgomery, Ala.

This is your convention as guests and we appreciate your coming and we hope that you will take full advantage of it as though you were a guest in our own home. We extend to you the courtesy of the floor and we appreciate your presence. Thank you. (Applause.)

Dr. Bumgardner:

Dr. Sheffield asked me to announce that we have in the lobby by the door, an exhibit from the American Association of Dental Editors and they would like to have you sign a questionnaire and give them an indication of how you would like the *Bulletin* of the North Carolina Dental Society in the future. It will take a very few minutes and will give every member an opportunity to express your ideas which will greatly aid the Editors in giving you a better publication.

President Alford:

Thank you, Dr. Bumgardner.

At this time the Chair will recognize Dr. Neal Sheffield, who will introduce the next speaker.

Dr. Neal Sheffield:

Mr. President and Fellow Members:

If dentistry is to achieve the heights that we are hopeful of in the next decade, it will come through the teaching of oral health to our youth, determining through research the cause and correction of dental diseases and the practice of preventive dentistry.

We are fortunate in that our next speaker has devoted his entire professional life to the study and practice of children's dentistry. Soon after graduation in 1923 he began children's work in the schools of his native state, South Carolina, and it was here, no doubt, that the foundation was laid through study and observation of the oral conditions of the school children that our speaker received the inspiration to devote his efforts to this cause. He has given freely of his time and energy in giving clinics and lectures in a great many states as well as before his section in the American Dental Association.

We consider it a compliment that our speaker, after observing a greater part of the United States, has chosen our state for a location, for the practice of Orthodontia and Children's Dentistry.

Our speaker is a Past President and Secretary of the American Society for the Promotion of Dentistry for Children; Past Secretary, Vice Chairman and Chairman of the Section on Children's Dentistry and Oral Hygiene of the American Dental Association; Editor of the Children's Dentistry Section of the International Journal of Orthodontia and Children's Dentistry and has written many articles for various dental journals. It is indeed a pleasure to present to you our own Dr. Walter T. McFall, of Asheville, who will speak to us on the subject, "Assisting the General Practitioner in Restorative Dentistry." Dr. McFall.

Dr. Walter T. McFall (Asheville): (Applause.)

Mr. President and Dr. Sheffield, Ladies and Gentlemen:

I assure you that nobody in the state loves North Carolina now any more than I do. Somebody asked how I could afford to run around over the country. My answer is, "I just like to be introduced." After hearing a beautiful introduction like my dear friend, Neal Sheffield, has given me, you can understand one reason why I like to run around.

I wasn't here yesterday to hear the splendid men you did have on the program and I regret it. Many of them I know personally and I am so sorry I wasn't able to be down yesterday.

Dr. Chamblee asked me to say something about the "History of Dentistry in North Carolina." I came to North Carolina last June to take the State Board and moved up here as fast as I could after that, and one of the first things I wanted to know was about the history of dentistry in North Carolina. I borrowed the money to go to Raleigh to take the State Board but I had enough left to pay \$6 to get a copy of "History of Dentistry in North Carolina" and I wouldn't be without it. I am proud of my profession all over the country and

especially in North Carolina and I want to know everything about it that I can find out. The "History of Dentistry in North Carolina" has been invaluable to me because I have a bird's-eye view of everybody in North Carolina who answered the questionnaire. I went to Billy Bell's home the morning he dropped dead and a group of loyal friends were saying, "What do you know about Billy? We know he was good, but what about his Society affiliations?" I said, "I have a big green book that tells everything. It is a History of Dentistry in North Carolina." From this we copied William Bell's life record. I wish we had more Billy Bells and fine life records. Some of the things done in dentistry are done by men of the rank and file and we never know much about it. The gentlemen who did the history of dentistry in North Carolina have builded a lasting monument to their good name and their love of the profession. I am not much of a salesman. I do sincerely believe in a few things, and dentistry is one of them. If dentistry ever goes forward, it will go forward because of the history of the pioneers who made it possible.

"ASSISTING THE GENERAL PRACTITIONER IN RESTORATIVE DENTISTRY"

Is it not perplexing that when a practical measure which is not complex in its application, reasonable in its argument for adoption, and scientific in principle, because it is based on proven practice, is not utilized more by those who are desirous of making progress for the betterment of the life, health, and happiness of their fellowmen?

There is evidence that a new day is dawning. Leaders of the dental profession are realizing that the ideal of prevention in dentistry requires much attention to the supervision of dental development, including the prevention of malocclusion. The study of speech suggests the importance of the proper alignment of teeth as a factor in speaking effectively and plainly. Psychiatrists are showing the effect of pronounced physical defects on one's personality as well as social and economic efficiency. It is generally agreed that malocclusion of the teeth contributes to the development of caries, may be an important factor in periodontal lesions, and many involve every service that even the restorative dentist presumes to perform.

Many diseases, deficiencies and disorders of the oral cavity seem to be directly related to functional disarrangement in other parts of the body. Quite a large group of systemic diseases manifest themselves in the mouth and seriously affect the diagnosis and prognosis of the dentist. During the late World's War more than fifty per cent of the flower of young manhood, from eighteen to thirty years, had such defective teeth that the minimum dental entrance had to be reduced twice. More than one-fifth of these American boys were rejected on account of their mouth condition. A creditable survey of adult dental conditions in the last few years shows, "A considerable amount of extensive dental repair work is in evidence in the mouth of adults. Apparently the greater portion of this work has been well done, but a considerable part of it seems to be imperfect and unsatisfactory."

The professions in the vanguard of the healing arts have a tremendous responsibility to the health of the public. Private practice as well as public health is demanding more and better dentistry. A complete and satisfactory health service, by means of functional restorative dentistry, is possible only when the biological features and mechanical requirements are properly co-

ordinated. This obligation can only be successfully consummated by the dentist who is properly trained in college, by experience, and by understanding fully all aspects of this important and necessary restorative dental service. When viewed in the broadest light, the planning, constructing, and fitting of dental restorations that are strong, durable, esthetic, comfortable, functioning, and health maintaining, is known to be one of the most exacting, as well as necessary health services in the healing arts.

In the beginning our profession was chiefly a means for the retention of loose teeth and for the artificial replacement of lost teeth, practiced largely to overcome disability and disfigurement. In dentistry's slow evolution, dental defects have been repaired and lost teeth replaced with more consideration being given to both the esthetic and functional phases of dental restorations. Many centuries passed before any attempt was made to correct irregularities in the position of the teeth. Until the advent of the roentgenograph, little more than a quarter of a century ago, health service in dentistry continued to be a secondary interest. A few diseased teeth were removed, many were treated and retained too long. Specialization, the recent findings in chemistry, biology, physiological diets, balanced glandular functions, and the means of really making prevention come to pass in dental health and comparatively recent and not altogether understood or appreciated.

Orthodontics has grown largely out of the observation and experience of the general practitioners, but many of these, having given birth to the child, seem inclined to desert it; so today we will attempt to show that neither the orthodontist nor the dentist can get along happily without the other, as we strive to maintain functional restorative dentistry for our patients.

Years ago, it was observed that teeth would move. The influences producing this condition were noted—a drifting or tipping after extraction, the elongation of a tooth after its antagonist has been lost. Dentists reasoned that if teeth would move without mechanical appliances, surely they could be made to move with them. Today we define orthodontics as "That branch of dentistry which has for its object the prevention and correction of oral anomalies and the harmonizing of the structures involved, so that the dental mechanism will function in a normal way." Certainly, orthodontics is a study of growth and development which aims at the realization of proper anatomical and functional problems which are solved in part by the use of mechanical appliances. Occlusion of teeth is involved in every dental trouble and confronts the dentist in every service he renders.

We must agree that the main objective of all dentistry is the restoration and maintenance of normal occlusion, and this is probably true of every phase of our profession except exodontia. Normal occlusion implies that all the teeth in one jaw occlude with teeth in the opposing jaw, so as to furnish the largest area of balanced or functional grinding surface. The average dentist needs to check and record the conditions found when the teeth are closed together quite as well as to clinically inspect the five surfaces of every tooth. Many a diagnosis and prognosis will be changed, if well made models, correctly occluded, are studied in connection with clinical findings, patient history, and full mouth roentgenographs.

Without fear of successful contradiction, I know that orthodontic assistance can be utilized to great advantage prior to supplying the missing teeth. A difficult case may often be changed to a more simple one for bridge replacement. When one speaks of orthodontic assistance, many of us are prone to think of only the child patient, but experience has taught us that a considerable improvement may be made for older individuals, at least those in their thirties. Need I mention the vast number of indications of orthodontics in your every day practice with adult patients? Individual teeth or groups

of teeth may be moved into desirable position for replacements. Widely separated anteriors may be closed for both esthetic and periodontal improvement. Individual teeth in labio-, linguo-, or torsoversion may be correctly positioned. In cases of fractured teeth or jaws, orthodontics makes an undeniable contribution. Impacted and semi-impacted teeth which are imperatively needed can be brought into the dental arches. The horrors of the "open bite," the grief of the "closed bite" can be considerably improved by orthodontics. Space maintenance can best be physiologically controlled by orthodontic appliances.

It may be information to some of you gentlemen to know that no candidate for admission to West Point, Annapolis, or the Coast Guard School can be accepted unless the following requirements are met:

"Paragraph 1460-S (Naval Bulletin).

"(a) Every candidate shall be examined by a naval dental officer, who shall make a separate report in each case of his findings and recommendations to the president of the board of medical examiners.

"(b) The dental standards governing appointment to the Naval Academy are the same as for commission. The oral soft tissues must be in a state of health, and all dental restorations and replacements of the highest order. Wide edentulous spaces, resulting in inefficient masticatory surface shall cause rejection. Prosthetic replacements are not considered serviceable unless supplying missing teeth in excess of the 20 vital serviceable teeth as specified. Unerupted teeth are not included in the 20 vital teeth required. All required dental treatment, restorations and replacements must be obtained by the candidate prior to entrance to the service schools.

"The teeth shall be thoroughly examined. No candidate shall be accepted unless he has at least 20 vital serviceable teeth, and of these not less than 4 opposed incisors, of which 2 are directly opposed on each side of the median line and 4 opposed molars, of which 2 are directly opposed on either side of the dental arch. Teeth properly filled or which have been properly restored by crowns may be considered serviceable teeth.

"Causes of rejection.

"(a) The loss of teeth in excess of the standards noted in paragraphs 1458 and 1460.

"(b) Marked pyorrhea alveolaris.

"(c) Marked protrusion or retrusion of either jaw or any abnormal condition causing malocclusion.

"(d) Extensive restorations by crowns, bridges, or dentures, or teeth generally unserviceable.

"(e) Edentulous spaces in the dental arch causing wide separation of the continuity of the masticating surfaces will cause rejections.

"(f) Nonvital infected teeth, defective root canal fillings or unfilled canals.

"(g) Malignant tumors of alveolar process or benign tumors or cysts which may tend to enlarge.

"(h) Syphilitic lesions of the oral membrane."

Sometimes a dentist has meant to help a boy and has unthinkingly extracted canines and often a wretched mutilation results instead of the temporary improvement hoped for. It is unwise to extract any permanent tooth for esthetic or functional purposes until the whole mouth has been studied. The advice and counsel of a well-informed orthodontist may prove of inestimable value to you and your patient. Congenitally missing teeth, as well as supernumerary teeth, present a mutual problem to our groups. No deciduous tooth should be removed until it is necessary, then a roentgenograph should assure you a succeeding permanent tooth is present. Single or multiple

replacements are splendidly and quickly made for young patients by soldering well matched facings to a lingual arch.

Every professional man must work unceasingly to eliminate the causes for his services. There are few human achievements that are more striking than those that have resulted from the increase of knowledge of disease and methods of control and prevention. Defective teeth and infected gums are the leaders in the diseases which affect and plague human beings. The treatment of diseases of the hard tissues of the teeth and deficiencies of teeth through restorations is still one of the leading responsibilities of our profession. The public has every right to expect and demand an ever increasing grade of dental service in the future. This service will require not only an improvement in the undergraduate training of the dentist in the practical phases of restorative dentistry, but also a greater appreciation of the professional ideals which must always motivate the practice of dentistry. May we ever go forward with vision, unselfish courage, and sincere enthusiasm.

The material for this paper and the cases illustrated were gathered and furnished while I was associated with Dr. Oren A. Oliver of Nashville, Tennessee. The restorative services were rendered by Drs. Robert A. Redus, Roy O. Elam, and James J. Vaughn, all of Nashville, Tennessee. I desire to give credit to and express my appreciation to all of these gentlemen for their courtesy and kindness in allowing me to show the work which is daily being done for adult patients in a sincere effort to assist the general practitioner in everyday restorative dentistry. It has been a privilege and pleasure to appear before the North Carolina Dental Society. (Applause.)

President Alford:

Walter, on behalf of the North Carolina Dental Society, I'd like to thank you for coming to speak to us and also we are mighty happy to have you as one of our members.

The meeting stands adjourned to meet again in this room at two o'clock.

TUESDAY AFTERNOON SESSION

The Tuesday afternoon session of the North Carolina Dental Society convened at 2:20 o'clock, with the President, Dr. Frank O. Alford, presiding.

Dr. Alford:

The meeting will come to order. The Chair will recognize Dr. Poindexter, who will introduce our next speaker.

Dr. Poindexter:

Mr. Chairman and Members of the N. C. Dental Society:

It is my pleasure to present to you a man whom we have known for a good many years. I believe that this is his first appearance before a North Carolina audience, but by his teaching and instruction in the dental department of Georgetown University, by his papers and clinics over the country, he is favorably known to many of our men. He might not carry quite the national prestige and reputation as a few other men, but I think by his talk here this afternoon he will convince us that he is a well informed and practical man. Again it is my pleasure to present to you a prominent citizen of Wash-

ington, D. C. President-elect of the District of Columbia Dental Society, Dr. Daniel F. Lynch. Dr. Lynch. (Applause.)

Dr. Daniel F. Lynch, D.D.S., F.A.C.D. (Washington, D. C.):

Thank you, Dr. Poindexter.

Mr. President, Mr. Secretary, Ladies and Gentlemen:

At the turn of the century, forty years ago, William Hunter was preaching the dangers of swallowing pus and mouth debris. He was not the first to call attention to the relationship of mouth conditions to general systemic disturbances—but he was certainly one of the first to make a serious impression on the medical and dental world. He marshalled facts and case histories to prove his assertions that dirty mouths could cause dyspepsia, gastritis, colitis, enteritis, and even appendicitis. In 1900 Hunter said, "Constant swallowing of pus is not only a most potent and prevalent cause of gastric disturbance, but catarrh thus induced is not simply irritant but actually infective, and may in course of time lead to other more permanent effects, namely, atrophy of glands and chronic gastritis, and in certain instances even to suppurative gastritis. However, this result is by no means confined to and associated with any single oral condition, such as pyorrhea alveolaris. It is pointed out that for every case of gastric or other affection traceable to pyorrhea alveolaris, a hundred equally well marked are daily found associated with other dental and oral conditions of sepsis. The important fact which should be recognized is that one and all of these various conditions are septic in nature and are produced by pus organisms, that these are invariably associated with every case of dental caries, however slight, and that in each individual case the effect is a matter of comparative resistance of the respective patient." The literature of the past forty years has been rich with evidence tending to support his claims. And yet today, in some quarters of the medical and dental professions, there is an indifference to the facts that is both dangerous and disgraceful.

"The significant relationship of oral conditions to conditions elsewhere in the body is now widely recognized, for which fact no doubt the advances in the domain of dental medicine are in large measure responsible" so stated Bierring recently while reviewing a quarter century survey of the theory of focal infection at the Eighty-ninth Annual Session of the American Medical Association. He goes on to further state that "In any attempted survey or evaluation of the present status of focal infection it must be evident that such infection has come to occupy a very important place in the activities of medical and surgical practice and of the various specialties. . . . With increasing knowledge the various phases of the problem a more conservative attitude has developed with reference to hasty diagnostic conclusions and radical removal of the suspected foci of infection, which added emphasis on a more careful analysis of all possible etiologic factors connected with the condition concerned. There is a growing conviction that treatment should be

based on the results of an accurate and complete diagnosis, the physician remembering that it is the patient with a focal infection who requires treatment and not the focal infection alone. . . . The correct interpretation of all the factors concerned with the casual relationship of focal infection to systemic disease requires diagnostic skill and judgment of a high order."

My observation in clinical practice is that often the physician and the dentist do not go far enough in their efforts to remove foci of infection. After the removal of the supposedly primary focus, they forget that secondary foci may exist and that they in turn may become primary. Therefore, a radical attitude toward the elimination of all potential foci is necessary if success is to be achieved.

In presenting the subject of oral diseases in relationship to gastrointestinal dysfunction, I should like to divide the oral diseases into four main categories.

1. Definite infection of the teeth, gums, and oral tissues which may contribute to metastatic infections.

2. Diseases or infections of the mouth which are a reflection of general systemic diseases or the extension of a generalized disease of the gastrointestinal tract such as sprue, scurvy, pellagra, etc.

3. Mal-function of the masticating apparatus due to malposed teeth, broken teeth, loss of teeth, painful teeth, loose teeth, and other such conditions which make the normal masticating of the food impossible.

4. Localized lesions of the oral cavity such as carcinoma, gumma, etc., which may affect other parts of the body.

This classification is open to criticism, I am sure, but as a basis for discussion I think it will satisfy our needs today.

In 1928 Gardner states "It is generally known and accepted that active focal infection will cause unbalance of the autonomic nervous system or actual extension of infection of the nerve structures, resulting in disorder of gastric, cardiac and intestinal or other function. This fact probably explains the disappearance of functional digestive disturbances after removal of septic teeth. Numerous records of cases prove this point."

Poor dentition has been given as one of the causes of acute gastritis, and to this statement may be added poor mouth hygiene, because in my opinion a dirty mouth can be the cause of an irritated gastric mucosa. You will recall that in 1900 Hunter very definitely stated that debris from the mouth in the form of fermentated food, pieces of calculus, dead bacteria and live bacteria constantly being swallowed, would eventually set up an irritation of the stomach which would have a very serious end result. The critics of his day said that the hydrochloric acid of the stomach killed the bacteria and sterilized these infected organisms. Hunter said, "Not so!" The constant irritation of septic debris eventually would cause atrophy of the glands and chronic gastritis.

That this would cause a diminution of the hydrochloric acid and therefore its service as a sterilizing agent would be lost. If a lesion in the tissue was created, a focus for bacteria to proliferate in would be established and we would then have chronic suppurative processes that might go on to something more serious. The pictures that Dr. Sexton will show you today will prove that Hunter had a very good idea of gastric pathology before we had the X-ray and the gastroscope. Gardner further states that, "For many years most authorities have looked on certain forms of gastritis as commonly arising from septic processes in the mouth. There is no doubt that suppurative gingivitis, in particular, is the basis for this form of disease involving the gastric mucous membrane, giving rise to dyspepsia, eventual achlorhydia and a chronic incurable process if the cause is not removed."

Geier, after a thorough study of sixty-four cases of carcinoma of the stomach makes this observation: "The frequent occurrence of dental infection was a rather startling observation. In the 64 cases, 12 had complete dentures, and in the remaining 52 cases there were 45 patients, or 87.5 per cent, who had marked dental infection characterized by caries, gum recession, or extensive and advanced pyorrhea alveolaris. This high incidence of oral infection should be emphasized in order that we may consider it seriously from the standpoint of prophylaxis as it relates to gastritis." You will remember that Geier made that statement about 1930 and you must remember that he emphasized a clean mouth as an essential prophylactic measure in helping to prevent gastritis.

Geier's observations are in line with a study of 355 cases of gastric carcinoma conducted by Goldstein at the Mayo Clinic. Several oral sepsis was found in 80.2 per cent of the series with carcinoma, while in the control series of a similar number of cases severe oral sepsis was found in 44.5 per cent of the cases. Goldstein's series is large enough and well enough controlled to make a very significant impression upon the dental profession. He suggests the possibility of oral infection as a source of chronic irritation and infection in the ultimate production of gastric carcinoma. He states "It appears fairly certain that infection of the dental system is found with extreme frequency in cases of carcinoma of the stomach.

"Septic conditions of the mouth may affect malignancy through two channels: (1) direct irritation of the gastric mucosa as a result of constant swallowing of pus and septic products of periodontoelasia (so-called open sepsis), and (2) transportation by way of the blood stream of organisms or toxins from periapical or periodontal foci of infection to the gastric mucosa. Either path may produce pathologic changes, or activate existing lesions in the gastric mucosa. The experimental work of Rosenow, corroborated by Haden, Billings, Nakamura, Cook and Stafne, and others, has shown that many chronic infectious processes, including ulcer of the stomach and chronic gastritis, may be initiated by pathogens coming from primary foci at the apices of infected, pulpless teeth, or at

the site of periodontal lesions. This work has been verified time and again by clinicians. Eusterman has emphatically demonstrated the significance of focal infection as the cause of duodenitis, focal gastritis and a certain percentage of gastroduodenal ulcers." In fact, many cases in which the patient was operated on for ulcer without the elimination of the foci of infection, there has been a recurrence of the ulcer at the site of the operation. Many surgeons today believe that it is very good prophylactic medicine and surgery to eliminate all foci before undertaking these major operations. J. Mayo has said: "Cancer never develops in sound tissue and this knowledge is manifested in the understanding of physicians of the danger of permitting sources of chronic irritation to continue; the relation of chronic irritation to the external surfaces of the body is paralleled by cancer of the internal surfaces, but the evidence is necessarily indirect."

Hurst summarized extensive research on carcinoma of the stomach by saying, "That 75 per cent of the cases are secondary to chronic atrophic gastritis, and 20 per cent secondary to chronic gastric ulcer, both precancerous conditions, often having their origin in dental and tonsillar sepsis, along with incorrect habits of eating. He emphasized not only the need for early treatment of the two precancerous conditions, chronic gastritis and chronic gastric ulcer, but also the prevention of the two conditions by proper dental hygiene and efficient dentistry."

I emphasize that point for this reason—all of you have seen mouths of patients who have gone to the dentist regularly throughout their lives—I say regularly, they perhaps haven't gone twice a year but have gone frequently enough because when you examine their mouths you find considerable dentistry. But that mouth is not clean! That mouth is not efficient! That mouth is not free of danger! For the reasons that there are overhanging restorations, poorly fitting crowns, periodontal pockets, pockets around the third molars, teeth dirty with food debris and calculus, especially on the lingual surfaces. The patient comes to you to have a tooth filled that is hurting. The tooth is filled and the patient goes home with the impression that his mouth is clean because he has just been to the dentist and the dentist said nothing about the condition of his mouth. Now I realize that it is sometimes impossible when a patient comes in to have a tooth filled or a tooth extracted to begin immediately to tell him how dirty his mouth is. It is not good business! But there must be ways and means found so that we can make these patients aware of the fact that although they have had their teeth filled and their mouths are not hurting them; yet, their mouths are not free from danger of a focus of infection. That it is essential that all restorations be polished, that all overhanging margins be corrected and that all crowns be made to fit the gingival border. These things are possible and with the evidence that I have given you today regarding the relationship of teeth to gastric disease, I think it puts it straight up to

the dental profession to be a little more diligent in the care of the mouth.

Although the cause of peptic ulcer is still unknown, foci of infection is accepted by some authorities as one of the possible causes. Haden has demonstrated the elective localization of bacteria in peptic ulcer. The study was made on twelve patients with peptic ulcer. Streptococci were grown from the root tip of one or more teeth or from areas of infected bone.

The work of Bargaen on chronic ulcerative colitis has done much to focus the attention of the medical profession on the teeth as a possible etiologic factor. Cook has beautifully demonstrated the experimental production of ulcerative colitis in dogs by infecting their teeth with cultures from patients suffering with ulcerative colitis. I happened to be working in Rosenow's laboratory at the time Cook was conducting these experiments and I am convinced that infected teeth can cause ulcerative colitis. I realize that others hold an opposite opinion and with this thought in mind I wrote to a friend of mine at the Mayo Clinic within the past thirty days and he writes that "I have talked with Jay Bargaen about ulcerative colitis and he is as convinced as ever concerning focal infection as a casual relationship. He has, however, made a change in the management of his cases and does not eliminate a focus of infection particularly in the acute cases since he feels there are too many exacerbations of symptoms in doing so. He insists however, that when the disease is under control by treatment, all infection including dental be eliminated completely."

There are other diseases of the gastrointestinal tract that are undoubtedly associated with oral sepsis, but I have selected those diseases which seem to be more generally accepted by the profession as being caused or aggravated by oral infections. Certainly there are diseases of the gall bladder, pancreas, and appendix, which may be primarily or secondarily involved as a result of infected teeth. What is needed is an organized program of observations and recordings on the condition of the mouth of patients suffering with gastrointestinal diseases and dysfunctions. Every physician should make a study of the mouths of these patients and grade them according to the degree of cleanliness in the mouth. I would suggest a basis of from 1 to 4, using 1 as a fairly clean mouth and 4 as an extremely dirty mouth. Of course, no diagnosis of the mouth can be considered complete without a good roentgenographic study of the teeth. The X-ray pictures must be well taken and must be interpreted correctly. One of the reasons for misunderstanding of mouth conditions in relation to systemic diseases is the variation of opinion regarding the interpretation of the dental roentgenogram.

Because a patient has had his infected teeth removed the physician should not assume that all mouth infection has been eliminated. Much depends on who extracts the teeth and how they are extracted.

Eusterman and Cook have shown by their studies that edentulous

patients are not always free of oral sepsis. One-third of their edentulous patients had residual infection in the jaws. This means that one out of every three of your patients who do not have teeth may have retained roots which may be infected. Sometimes it is necessary to do extensive surgery in the mouth in order to remove all of the infection. The removal of the tooth only is not sufficient.

I do not want to give the impression that I think all gastrointestinal dysfunctions are caused by dirty and infected mouths. The point I want to make is that dirty and infected mouths can adversely influence—and in some instances cause—gastrointestinal disease.

That there are other causes of gastro-intestinal dysfunctions is obvious. The American habit of eating hurriedly and irregularly has an important consideration in the high incidence of gastric disturbances, including cancer. But these other causes are the domain of the physicians and they are seriously and conscientiously taking care of their field. Let us as dentists be sure that we take care of ours. It is only by coöperation between the dental and medical professions that the patient with gastrointestinal dysfunction can be helped.

Gentlemen, that is all the slides that I wish to show. I think I have shown a panorama of conditions that appear in the mouth which are both general and localized, all of which interfere with mastication, and when you have interference with mastication, you have the first step toward deranged function of the gastrointestinal tract. When we realize that it is our responsibility as dentists to put the mouth and teeth in as good functional condition as possible, we must be impressed with the fact that our duty is a great one. (Applause.)

President Alford:

Dr. Lynch, on behalf of the North Carolina Dental Society I wish to thank you for this splendid presentation.

The Chair will now recognize Dr. Bob Olive who will introduce our next speaker. Dr. Olive.

Dr. R. M. Olive (Fayetteville):

Mr. President and Members of the North Carolina Dental Society:

Dr. Lynch has already more or less introduced our next speaker. We have been spending our time on dental subjects, hearing from all kinds of subjects in dentistry. Dr. Lynch has gradually led up to our present speaker. Our present speaker is a physician who is Chief of Gastro-enterology, Doctors Hospital, Medical Center, Washington, D. C., and is also nationally noted. He will speak to you at this time on "Modern Concepts of Gastritis—Its Prevention and Treatment with Particular Emphasis on Its Relationship to Dentistry." Dr. Sexton. (Applause.)

Mr. President, Ladies and Gentlemen:

RELATIONSHIP OF DENTAL INFECTION TO GASTRO-INTESINAL DISEASE

I think by this time you have received from Dr. Lynch the idea that you will be expected to have in the future a large fund of general medical knowledge and be diagnosticians, not only of conditions found in the mouth, but also of other parts of the human body.

The slides that follow may seem to indicate that your knowledge should include a fair amount of gastro enterology. I am sure many of you here today have lived through the time when the dentist limited himself to strictly dental work and was satisfied with a chewing mouth, and the physician treated symptoms of the body and ordinarily didn't look in the mouth. Now comes an era when the dentist, we hope, becomes educated in diagnosis of medical conditions which are closely related to diseases of the oral cavity. The time will come, I am sure, when every dentist will have an M.D. degree as well as a dental degree and the physician the same, or an equivalent of it. The human body is too intimately hooked up, one part with another, to ignore any particular region even though the symptomatology lies in some remote organ. Dentists should be and are doctors of dental medicine. The physician and dentist have the same common goal, that of relieving, of curing illness in their patients.

The slides that I bring illustrate the steps incidental to the development of diseases of the stomach so ably described by Dr. Lynch. The newer knowledge of the clinical pathology of the stomach has proved what has been described by Dr. Lynch as the result of oral infection. The opportunity to observe this pathology has only been possible since the flexible gastroscope was invented by Dr. Schindler in 1933. This instrument came into more general use about 1935 and in the last five years a vast amount of progress has been made in confirming suspected causes and effects in many of the more serious diseases, particularly cancer of the stomach. Let me here pay tribute to Dr. Schindler for this wonderful contribution to medicine. By the use of the instrument he developed, the trained operator can not only observe the earliest stage of cancer of the stomach at a time when the lesion is too small to be observed by X-ray, but can also determine a variety of inflammations of the stomach, impossible to see in the X-ray, which have a marked tendency to become malignant in their later stages. Thus an era has now come to pass when the physician may talk of a precancerous inflammation as a distinct disease entity.

We must stop for a moment, however, and pay tribute to Dr. Knud Faber of Copenhagen who twenty years ago wrote correctly about gastritis and the cellular pathology of beginning diseases of the stomach. He was able to observe the mucosa of the stomach free from post mortem digestive changes, by injecting formalin in that organ immediately after death. Other attempts to describe early pathology failed probably because the technique of Faber was not used. And so not even the autopsy table gave us advanced knowledge of diseases of the stomach and particularly their relationship to the teeth until the gastroscope came into use.

Let us summarize what gastroscopic observation has done in the development of our knowledge of diseases of the stomach:

1. It has completed our knowledge in regard to etiology gastritis.
2. It has made possible the differential diagnosis of various lesions of the stomach such as ulcer, cancer and benign tumor.
3. It has improved our knowledge as to the response of these lesions and

inflammations to treatment since the stomach can be repeatedly gastroscopied while the patient is being treated.

Before showing gastroscopic pictures in color of the various inflammatory diseases of the stomach related to infection of the teeth, let us observe the following slides which illustrate the normal stomach. The mucous membrane is a light pinkish red, the pyloric antrum and pyloric sphinctor can be clearly seen. Also the peristaltic waves can be easily observed and their rhythm timed. The folds of the stomach are called rugae and are sometimes heavy or thinned depending on the amount of air used to inflate the stomach for the observation.

Three types of gastritis will be shown in the next series of gastroscopic views. Each can be caused primarily by oral focal infection or aggravated by infection of the teeth and gums if the primary cause of the gastritis is located elsewhere.

Types of gastritis:

1. Superficial gastritis
2. Hypertrophic gastritis
3. Chronic atrophic gastritis

Other descriptive terms may be added to this classification such as ulcerative, muco-membraneous, hemorrhagic or post-operative when the occasion arises but the above simple classification of Schindler is entirely adequate for separation of the types.

The next few slides show various types of superficial gastritis. In addition to focal infection, dietary habits, excessive use of alcohol, constitutional diseases, reflex disturbances from the abdomen including appendix and gall bladder disease and psychoneuroses may play a part in the production or the continuance of gastritis.

The symptoms of gastritis may be many and varied. Heart burn and dyspepsia will of course indicate the probable seat of the condition, but headache, vertigo, precordial pain, constipation, rheumatic pain, and many others would not ordinarily point to gastritis.

Notice the change in color of the mucous membrane in superficial gastritis. Inflammatory changes are easy to see and edema is usually present. Grayish blue mucous may be adherent in scattered areas of the stomach and in some cases the membrane bleeds easily through scattered tiny fissures. This hemorrhagic type is particularly seen in sub-clinical scurvy or vitamin C deficiency.

The second group that of the hypertrophic gastritis shows a definite thickening and stiffening of the lining of the stomach. Cobblestone elevations are characteristic of this type of inflammation. The free hydrochloric acid of the stomach is usually high and the close association between gastric ulcer and hypertrophic gastritis has been noted many times.

In chronic atrophic gastritis there is a thinning of the mucosa. A slate grey, bluish color is the earliest sign noted in this type of gastritis. Soon a network or arborization of blood vessels shows through the mucous membrane as the disease progresses. The diminution or absence of hydrochloric acid follows as the disease progresses. It has been noted by many observers that this type of gastritis so frequently precedes cancer of the stomach that it has lately been called "precancerous." Chronic atrophic gastritis may follow superficial gastritis or hypertrophic gastritis, and as Dr. Lynch has pointed out its relationship to infected mouths has been confirmed by many observers.

The appearance of a gastric ulcer as seen through the gastroscope allows the observer to note the size and depth of the ulcer and relationship of the remainder of the stomach wall to the ulcer bearing area. The difference between the appearance of an ulcerated cancer and a benign ulcer is rarely mistaken by the gastroscopist. Most observers do not believe that the benign

ulcer becomes malignant or if so very rarely. The earliest stage of malignancy may appear as a nodular elevation without neucrosis or inflammatory changes. In the later stage as you will notice it may become sharply circumscribed tumor like formation or they may infiltrate the gastric wall. The X-ray must be used in close coöperation with the gastroscope to detect the earliest stage of malignancy in order to give the best chance for successful treatment of the condition.

The importance of diagnosing the earliest stage of cancer of the stomach cannot be too thoroughly stressed but the importance of diagnosing and treating precancerous conditions of the stomach which includes the removal of dental infection is even greater. I would like to quote from Livingstone and Pack in their recent monograph on Gastric Cancer. They list the total number of deaths in the United States in a selected fifteen-year period as follows:

From war	244,359
From traffic	441,912
From cancer of the stomach.....	600,000

I quote again "Cancer never develops from sound tissue." William J. Mayo, 1912.

Also Sir Arthur Hurst said in 1929—"It is clear that to prophylaxis as well as improved methods of diagnosis and treatment that we must look for a real diminution in the high death rate from cancer of the stomach."

Final conclusion:

1. Educate practicing physicians, family doctors and dentists in regard to the importance in diagnosing and treating early gastritis.
2. Education of the public in order that the patient will coöperate with the suggestions of the family doctor or the family dentist in diagnosing and treating gastritis.
3. The control of all doubtful cases by gastroscopic examination as well as by X-ray.
4. Prompt and complete removal of all possible etiological factors such as dental caries, infected gums and teeth, and hygienic advice.

BANQUET

TUESDAY EVENING, MAY 7, 1940
Dining Room—Hotel Charlotte

Toastmaster G. A. Lazenby (Statesville):

Let's rise please and I'll ask Dr. J. S. Betts to return thanks.

Dr. Betts:

Almighty and Everlasting God, we would acknowledge Thee as the Fountain of Life, and the source of all wisdom and goodness and truth and love.

We rejoice that it hath pleased Thee to send us into a world where work awaits our heads, our hands and our feet; and where it becomes our glorious privilege to be laborers together with Thee.

We thank Thee for the steady progress of mankind throughout all the centuries; for the pioneers of thought in every realm; for all those

thinkers who have helped to unfold for us the mysteries of life; for all those who have given themselves to the fuller understanding of man's body and mind, and will thus become the bearers of increasing health and strength to suffering humanity.

We invoke the special favor of Thy richest blessing upon this gathering.

We pray that in these kindred minds, there may come new light and new knowledge and fresh understanding. And may there come to us all and each abundant inspiration, thus fitting us for still larger service in the days to come.

And may Thy Kingdom come, and Thy will be done upon the earth, as now it is done in Heaven. In Thy own name, Amen.

Toastmaster Lazenby:

On behalf of the North Carolina Dental Society, I bid you one and all welcome. To the visitors, to our visiting out of state dentists, and our essayists and clinicans, I say:

"Guest, you are welcome
Be at your ease,
Eat when you are ready
And smoke when you please.

You don't have to use
The manners of a Lord
Or laugh at our jokes
When you really are bored.

Prepare yourselves now
For an hour of joys
You deserve it, and how!
For you are one of the boys."

Dr. Sinclair:

Mr. Chairman, and Ladies and Gentlemen:

I am proud of the State of North Carolina, as I know each one of you are. We have got one of the greatest states in the Union. We have perhaps the greatest natural resources in any state in the United States. The Federal Government now is building a wonderful new highway through Western North Carolina to the Great Smoky Mountains Park. You will be surprised when I tell you tonight that the man who is most responsible for the development and acquisition of that park is within this room tonight. Through his influence the Rockefellers contributed most of the money to buy this area. This Gentleman is none other than Dr. Sexton, from Washington, D. C. Dr. Sexton. (Applause.)

Dr. Lynch:

Thank you, Doctor. Ladies and Gentlemen:

I want to thank you for your invitation to come here and at the same time extend to you, as President-elect of the District of Columbia Dental Society, an invitation to attend the Five States Post Graduate Clinic in Washington, D. C., May 19-23. North Carolina has always been very well represented in Washington. We hope that you will be this year. The reason why we changed the date of this meeting from the early part of March was because of the Centennial celebration. Next year I can assure you that the Five States Post Graduate Clinic will be held the early part of March. I hope that you will come this year and that you will come again next year. Thank you. (Applause.)

Toastmaster Lazenby:

At this time I want to recognize Dr. Roy Pridgen.

Dr. Pridgen:

Mr. Toastmaster, Ladies and Gentlemen:

The young man who so ably and graciously presided over this annual meeting of the North Carolina Dental Society, I have had the privilege of knowing intimately since the year he was licensed to practice his profession. Almost from his admission into the Society, he began to support its activities at first in minor rolls and then in more important assignments, but always acquitting himself well. I would hold up his professional career to the young graduates as one which they might well emulate. He has given unselfishly of himself and his worldly goods and nothing has seemed too hard, no sacrifice has seemed too great for him to make for the advancement of his profession. So, this evening we wish to present to him our gratitude and appreciation for this service which he has rendered and it is my pleasure to present to you, Dr. Alford, this past President's emblem as a token of the esteem and appreciation of the more than five hundred sixty dentists in the North Carolina Dental Society. (Applause.)

Dr. Alford:

Mr. Toastmaster and Friends:

Dr. Pridgen, you have been most generous in your remarks and I appreciate them. I accept this emblem with a heart full of gratitude. I do not accept it as a token for any service which I have ever tried to render this Society, but as an inspiration to always do my best. I shall wear it with pleasure and pride as a constant reminder to ever lend my efforts towards the up-building of this organization and the improvement of the dental profession. I can say no more, than I thank you. (Applause.)

At this time I want to recognize Dr. H. O. Lineberger. Dr. Lineberger.

Dr. Lineberger:

Mr. Toastmaster, Mr. President, and Fellow Members of the North Carolina Dental Society:

At the meeting of the American Dental Association in St. Louis, it was definitely apparent to the members of the House of Delegates that our national organization was facing some of the most trying problems we have yet had to face and one of the biggest problems which is confronted by every organization when you are in this predicament is to find someone who can lead you, one who has been tried and found true, and in looking around for a man to lead our organization the word came to our House of Delegates that our distinguished guest and next speaker had been suggested. He was not a candidate. Probably he had never had any ambition to be President of the American Dental Association, but he was literally dragged in and when his name was presented to the House of Delegates, he received a unanimous and enthusiastic vote of that entire body for our President-elect. Since the meeting in Milwaukee when he assumed the duties of President of the American Dental Association, he has had to face many trying and difficult problems during these trying days. He has faced them as only a leader of his type could face those problems. You members of the North Carolina Dental Society have probably been reading his messages in our *Journal*. They have, I am sure, impressed you with the fact that our leader today is thoroughly familiar with the problems which are confronting our Association and he will handle them as they are presented. If you have not read the *Journal* which came to your office last week, I hope you will when you go back read the Message from the President. You will find in there where he discusses a subject which is one of the most vital problems before our Association today. It is a subject very near and dear to his own heart—that of Dental Research. I might say this—that a few years ago just a handful of men gathered together in New York City and determined upon an endowment fund for the *Journal* and our distinguished guest, from his own expense, paid into this fund the first thousand dollars, and at Baltimore a few weeks ago, Dr. Wall, Treasurer of this Fund, said he had paid several hundred more. Gentlemen, I hope you will read this message and let us follow our President and support him in all these things he is doing.

It is my happy privilege and pleasure to present to you at this time Dr. Arthur Merritt, of New York City, President of the American Dental Association.

Audience rises and applauds.

WHAT IS THE AMERICAN DENTAL ASSOCIATION DOING FOR ITS MEMBERS?

I

Notwithstanding the fact that the American Dental Association holds an annual meeting somewhere in the United States each year at which thousands of its members are in attendance, it is also true that the rank and file of its membership attend only infrequently. This is unfortunate and doubtless explains why so many of our members are not familiar with its objectives nor have any very definite idea of its many activities. For these reasons, it would seem to be one of the duties of the president of the Association as he comes in touch with its members through the various component societies, to do what he can to inform them regarding their national organization and what it is doing, directly and indirectly, for the dental profession of this country. Nothing is more important in any organization than an informed and united membership. Most of our organizational problems and difficulties

have their roots in ignorance. That, too, is true of life. The world's greatest poet and philosopher sensed this when he said:

"Ignorance is the curse of God.

Knowledge, the wing, wherewith we fly to heaven."

II

The first thing that impresses one as he inquires into the aims and objectives of the American Dental Association, is that it represents the dental profession of this country. It is national in scope and is therefore the official spokesman for American dentistry. Because this is true, it is able to do for the profession what no other dental organization local or state could do. To it, the public and the profession naturally look for leadership. Acting as individuals, we could do little for the advancement of dentistry, no matter how able we might be or how high our ideals. It is only in union that there is strength. Divided we fall. If only the members of the dental profession could be made to realize how much their national association is doing for the advancement of dentistry and the welfare of every member of the profession, there would not be a single individual outside its membership. Ignorance and indifference, rather than economic disability, accounts for most of those outside of organized dentistry. There is probably no one thing in the whole range of professional activity more important than that of organization. It was the first step taken a century ago in transforming a craft into a profession. Out of it grew our educational institutions and our literature. Let no one underestimate the value of the dental society no matter how small.

III

Another thing that impresses one as he surveys our national dental organization, is its size. It is the largest and most influential dental organization in the world. Its membership at present (all classes), exceeds 48,000. This represents more than 70 per cent of the members of the dental profession—a larger percentage than that of any other learned profession. One should take pride in being a member of an organization so representative of the dental profession of this country.

Its business is conducted by an elective Board of Trustees and by a House of Delegates elected annually by the state and local societies. The Board (13 in number), holds two annual meetings of several days each. It has charge of the property and financial affairs of the Association including publication of the *Journal*, subject in all matters to the approval of the House of Delegates. Any member can appear before it and present any matter affecting the profession. Executive sessions of the Board are limited to Board members. Except for an occasional "off the record" discussion, all proceedings are published and made available to the members. The members of the Board except for traveling expenses, serve without remuneration.

The American Dental Association has an annual budget of over \$300,000. Its income is derived from dues, advertisements and investments. With this income, it carries on many activities. Unless one is in close touch with the Association, he can have little idea, how many and how varied are these activities. First among these (and the largest item in its budget) is the publication of a monthly journal, averaging more than two thousand pages per annum. The total cost last year was \$124,512 or a net cost, above income, of \$37,244. This *Journal* has the largest circulation of any dental publication in the world (more than 50,000 copies per month) and is read wherever dentistry is practiced. It finds its way into 82 foreign countries each month. Membership in the Association includes subscription to this *Journal*.

IV

A permanent organization, known as the Council of Dental Therapeutics and Bureau of Chemistry is maintained at the expense of the A.D.A., the duty of which is to examine and pass upon the therapeutic claims of proprietary preparations. Their findings are published in the *Journal* for the information of all. In addition, it publishes from time to time, a compilation of *Accepted Dental Remedies* in book form, at a nominal cost. The value of the work being done by this Council cannot be overestimated. Its activities have done much to elevate the profession in the esteem of scientifically minded men everywhere. The cost of the Council to the Association last year was \$19,536.

V

A Commission on Dental Research is another all year round activity that is carried on at the Bureau of Standards in Washington. Its duty is to examine all materials used by the profession, such as cements, alloys, metals, denture bases, inlay waxes, impression compounds, etc., making it possible for any dentist to use materials that have been tested and found to be reliable. This is a service to the profession and public of incomparable value. The expense of the work done by the Commission during the last fiscal year amounted to \$16,321. Reports of its findings are also published in the *Journal* and made available to all.

VI

I wonder how many realize the number of bills introduced into our state and federal legislatures every year, many of them inimical to the welfare of both the profession and the public. Their number amounts to several hundred annually. A committee, under the auspices of the A.D.A. is in close touch with every legislative body in this country, and is actively engaged, year in and year out, in preventing the enactment of unwise dental legislation. Without the activity of this committee (to whom we owe a debt of gratitude), dentistry would be seriously handicapped if not actually destroyed as a profession.

VII

A Public Relations Bureau, under the able leadership of Dr. Lon Morray (who gives all his time to its activities) is at work, in season and out of season, in the education of the public in all matters pertaining to dental health, with benefit to both the public and the profession. This again, is an activity of the utmost importance.

This Bureau has recently published a new book entitled "Teeth, Health and Appearance" designed primarily for the dentists' reception room. It is a book of forty-eight pages with over a hundred illustrations about half of which are in colors. It measures 10½ by 14 inches and is a handsome piece of bookmaking. The story of what dentistry means in the way of health and appearance is simply and graphically told. Because of its educational value, it should have a place in the office of every dentist. The price is \$1.50 which represents actual cost. This is only one example of what the A.D.A. is doing for its members through its Bureau of Public Relations.

VIII

At this time when so much is being said about socialized medicine and dentistry, it is reassuring to know that the A.D.A. has set up a National Health Program Committee to act as a contact committee between the profession and the federal government. This committee has appeared before the Interdepartmental Committee in Washington and the Congressional Committee which conducted the hearings on the Wagner Health Bill. As a direct

result of its activity and that of the Research Commission, there has been introduced into the United States Senate a bill to provide federal funds for a six year program of dental research. The bill stipulates an annual appropriation of \$75,000 and an increase of \$10,000 annually for the next five years. This is the first time in the history of American dentistry that recognition of the importance of dental care in the public health service, has been given by the providing funds for research. Without the influence of the A.D.A. this would not have been possible—at least not at this time. The bill is known as S 3607.

IX

Then, too, there is the Relief Fund, an important activity of the A.D.A. from which any member can draw in time of need. Few of us, who receive the relief stamps each year, realize how great a boon this has been to our needy members. More than \$150,000 has been expended from this fund to help such members. In recent years, these expenditures have averaged nearly \$20,000 per annum.

X

This is only a partial list of the activities in which the A.D.A. is engaged. Their number increases each year. In 1926 there were 13 expense items in the budget. Ten years later, these had grown to 26, and their number continues to grow. Because of a steady increase in members, it has been able to carry the increased load. It has, however, reached a point, where its activities must be curtailed unless its income is increased. Next September, the House of Delegates will be asked to vote on a raise in dues of \$2 per annum. This is a small amount per member—a little over half a cent a day. Acting as individuals, we could do little with \$2 for the advancement of dentistry in which we are all interested. In the aggregate, however, this means a considerable sum. With this added to its present income, it could and would, greatly expand its activities. I realize there are those who oppose this increase in dues. If, however, my observation through wide contact with the profession, is correct, this opposition is not large. The leaders in the profession, those in closest touch with the activities of the A.D.A. realize that increased revenue is necessary if our national Association is to measure up to its responsibilities in the present and meet those which the future is certain to bring in increasing numbers. It is as true of professions as of nations, "Where there is no vision the people perish."

XI

Dentistry as a profession had its birth one hundred years ago. *Throughout the year of 1940 that event is to be celebrated.* On March 11 in every State in the Union (represented by more than 300 components of the A.D.A.), it joined in this celebration, culminating in the meeting in Baltimore a week later. This latter coming together of several thousand members of the profession proved to be an affair of unrivaled interest. In more than 35 years' experience in attendance at dental gatherings, I can unhesitatingly say that I have never seen its equal. It was a unique and never to be forgotten experience—one that had in it the spirit of a benediction. This I think was the feeling of all who were present. But it is not of the Baltimore celebration I wish to speak, but of the celebration in Cleveland next September in connection with the annual meeting of the A.D.A. Around the theme of the Centennial Year of American Dentistry, the program is to be built. Nothing will be spared to make it an outstanding event. Plans are already being made to bring to Cleveland the entire historical exhibit which played so large a part in the success of the Baltimore meeting. Probably never in the history of the profession was there gathered together under one roof an

historical exhibit of such widespread interest or one so extensive. Its removal to Cleveland will add greatly to the interest of the meeting and make it possible to be seen by those who were unable to be present at Baltimore. This continued celebration in Cleveland is an added reason why every member of the Association should plan to be present. It too, promises to be a never to be forgotten experience.

XII

This briefly is the message I would leave with you. We are all members of a profession which has as its objective, the prevention and relief of human suffering. Since this is true, there are certain responsibilities resting upon us which we cannot evade if we are to remain true to the traditions which are our heritage from the past. The character of a profession is determined by the ideals which move its members. It is what you and I do in our relation to our colleagues, to our patients and to the community in which we live, that will determine the kind of a profession dentistry will be in the years to come. If "life is more than meat and the body than raiment," if there is a place in professional life for the nurture and development of those ideals by which an occupation for livelihood is transformed into an occupation for service, then it is our duty—yours and mine—to give to the profession of which we are members, our whole hearted support—if need be, toil, and sacrifice and a life of unceasing effort. And there are few ways in which we can more effectively promote its usefulness than by taking an active interest in the affairs of organized dentistry as it is represented by our local, state and national Association. If the American Dental Association is to achieve a full measure of success, it must have the coöperation of its members along many lines. It needs your presence at its meetings; your contribution to its program; your council in the solution of its problems; your aid in financing its budget; your influence in the community in which you live. This is the support I am asking of you, in the interest of the profession through which we serve. And if given as I believe it will be, we can, working together, make this year of 1940 the most effective in the history of the American Dental Association.

President Alford:

Dr. Merritt, on behalf of the North Carolina Dental Society, I wish to thank you for this very educational and instructive address. We are pleased and honored at having you with us tonight.

Toastmaster Lazenby:

To one, to all, who have had a part in this program, we extend thanks. We hope you have enjoyed it.

TUESDAY EVENING GENERAL SESSION

The General Session of the North Carolina Dental Association convened immediately following the Banquet on Tuesday evening, May 7, 1940, in the Ballroom of the Hotel Charlotte with the President, Dr. Frank O. Alford, presiding.

President Alford:

The meeting will please come to order. I notice several men don't have badges on. Only those who had badges are eligible to vote. The

election committee is instructed to not let any one through who does not have on a badge.

Dr. Minges:

To expedite matters, let's let them see the respective Secretaries of their Districts. They know who paid dues. A good many were not issued badges at all.

President Alford:

That is fine, then. Let's come to order, Gentlemen.

The Chair will recognize Dr. Fred Hunt, of Asheville. He would like to say a few words about the Insurance Committee. Before he takes the stand, will Drs. Ralph Jarrett, Sandy Marks, Jim Holland, Everett Smith, H. V. Murray, Burt Marks, Sandy Jennette and W. Kermit Chapman come forward. The Election Committee requests the District Secretaries to come up and assist them.

Dr. Hunt:

Mr. President, in investigating this Health and Accident insurance proposition, I found a much greater job than I had anticipated. I want to do one more little, tiny act for the dentists of North Carolina before I go over the hill. That being the case, I am taking a little more time and I am not able to make a final report now. The plan that I hope will be adopted is this—that you will give the Insurance Committee a little more time to work out the details and to be sure that we have selected the very best Company that we can. After we have done that we hope that the incoming President will see fit to enlarge the Committee by including the Executive Committee of the North Carolina Dental Society. In other words, we wish to share the responsibility of this proposition. As I said in the preliminary report, we feel sure that we can save the members of the North Carolina Dental Society 30 per cent on health and accident insurance. That means a great deal over a period of years, especially for the younger men. If the incoming president will do that, I feel that perhaps we will be able to make a final report within a reasonably short time, or if they prefer we will defer action until next year. We have got this thing working and know pretty nearly where we stand now.

So much for the health and accident insurance. If you will just give me a moment, I wish to say a word or two about the American Dental Association Group Life Insurance. I know that some of the members of this Society carry the A.D.A. Group Life Insurance Policy, and just to show you how that works out, I have a photostatic copy of a letter written by Dr. Thomas Bell, brother of our late friend, Billy Bell. I will read it if you wish.

"My mother has asked me to write and thank you for the insurance check she received from you covering the death of my brother, Dr. William F. Bell, Asheville. Of all my brother's insurance, your check was the first received by a long margin, and my mother greatly ap-

preciates the prompt and efficient manner in which settlement was made. I also hold a policy in your Company and am glad to say that the promptness in payment gives me great confidence in your Company."

The A.D.A. Group Life Insurance is a pretty good proposition, I think, especially for the younger men who take this \$3,000 policy which costs a little less than \$50. Some of you understand and some of you do not, that the premium remains the same at all times but the policy pays less each year after reaching the age of fifty-three. Past fifty-three our responsibilities are less, so that seems to be a pretty fair proposition. A young man up to the age of fifty-three gets \$3,000 but after the age of fifty-three, the policy is worth a little less each year until it gets down to the age of seventy, when that \$3,000 is reduced to \$500 but we will have had our protection all the way along. We have gotten our money's worth and it is a pretty good proposition.

It would appear that a comparatively small percentage of the whole membership of the American Dental Association has that insurance, but when the thing is analyzed, it is a pretty fair percentage after all. The applicants for the group insurance are eligible up to the age of fifty. We estimate that they eliminate approximately 30 per cent of the total membership on the age proposition. Then those who are not eligible because of health conditions would be another 25 per cent, so when you take the percentage of the eligible members, they have about 65 per cent. That isn't enough because it is really a very good insurance plan, and I certainly commend it, especially for the younger members. I thank you. (Applause.)

President Alford:

Dr. Hunt, you make that in the form of a motion that the incoming President appoint the Executive Committee on the Insurance Committee?

Dr. Hunt:

Yes. That the present Insurance Committee be given a little more time—I can't say just how much—a month or two months—and after they have all the information available and have perhaps reached a decision of their own, join the Executive Committee as a larger committee and that power to act be given the joint committee.

Motion seconded by Dr. Sinclair.

President Alford:

Gentlemen, you have heard the motion made and seconded. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed, "No." The motion is carried and it is so ordered.

President Alford:

The order of business tonight is the election of officers. This year we have a nominating committee who has made the nominations. They were presented before this body yesterday morning and I'll ask the

Secretary at this time to read the names of the nominees for the various offices as presented by the nominating committee. This is a democratic organization. This does not, under any circumstances, prevent any nomination from the floor. The nominating committee was appointed to select men who were capable and who could fill the offices—not that others couldn't—but it was a way of getting capable men to serve in our offices. The floor is open for any nominations. At this time I will ask the Secretary to read those names.

Secretary Fitzgerald:

Mr. President, the report of the nominating committee as presented to the North Carolina Dental Society is as follows:

For President-elect: Dr. C. C. Poindexter, of Greensboro.

For Vice President: Dr. G. A. Lazenby, of Statesville.

For Secretary-Treasurer: Dr. Paul Fitzgerald, of Greenville, to succeed himself.

For Members of the Board of Dental Examiners: Dr. John Pharr, of Charlotte to succeed Dr. C. C. Poindexter. Dr. Wilbert Jackson, of Clinton, to succeed himself.

For Delegate to the American Dental Association: Dr. Clyde Minges, of Rocky Mount, to succeed himself.

For Alternate Delegates to the American Dental Association: Dr. D. L. Pridgen, of Fayetteville; Dr. O. R. Hodgin, of Thomasville; Dr. C. C. Poindexter, of Greensboro; Dr. F. O. Alford, of Charlotte.

President Alford:

Gentlemen, you have heard the nominations.

The nominations are now open for President-elect of this organization. Dr. C. C. Poindexter is nominated by the nominating committee. Are there any other nominations?

Dr. Stanford:

Mr. President, I move that we just make it unanimous, if I am not too early.

President Alford:

Dr. Stanford, it is perfectly all right. We don't want anything rail-roaded. We want to give every one an opportunity. The nominations are open.

Dr. Stanford has made a motion that the nomination for Dr. Poindexter be unanimous.

Dr. Lazenby:

I second the motion.

President Alford:

The motion has been made and seconded. Is there any discussion? If not, all in favor, let it be known by saying "Aye." Opposed "No."

(Applause.) I will ask the Secretary to cast the ballot for Dr. Poindexter for President-elect.

Secretary Fitzgerald:

Dr. Poindexter, stand up, please. (Applause.) It gives me great pleasure to cast the vote of the North Carolina Dental Society for you for President-elect.

President Alford:

Dr. Poindexter, would you like to have something to say?

Dr. Poindexter:

Mr. Chairman and Members of the N. C. Dental Society:

I have nothing to say other than it has always been my good fortune or misfortune to follow most popular and capable men. Fully appreciating both the honor and responsibility of this office and with the cooperation of this fine body of men, I will lend my best efforts to carry on. I thank you. (Applause.)

President Alford:

Thank you.

A motion is now in order for Vice President. We have nominated by the nominating committee, Dr. G. A. Lazenby. Do I hear other nominations?

Dr. Edwards:

I move that the nominations close, that the rules be suspended and that Dr. Lazenby be elected by acclamation.

Motion seconded.

President Alford:

It has been moved and seconded that the rules be suspended and that Dr. Lazenby be elected by acclamation. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." It is so ordered. The Secretary will please cast the ballot for Dr. Lazenby.

President Alford:

Dr. Lazenby, would you like to say something?

Dr. Lazenby:

No, I have said too much already.

President Alford:

A motion is now in order for the nomination of Secretary-Treasurer. The committee has nominated our present Secretary-Treasurer, Dr. Paul Fitzgerald.

Dr. Minges:

I move that the nominations close, the rules be suspended and the President instructed to cast the vote of the Association for Dr. Fitzgerald to succeed himself as Secretary-Treasurer.

Motion seconded.

President Alford:

Is there any discussion? If not, all in favor, let it be known by saying "Aye." Opposed "No." It is so ordered. It gives me great pleasure at this time, Dr. Fitzgerald, to cast the unanimous ballot of this organization for you to succeed yourself as Secretary-Treasurer. (Applause.)

We have to elect two members for the State Board of Dental Examiners tonight—one to succeed Dr. C. C. Poindexter. For this position, the nominating committee has nominated Dr. John Pharr. Are there any other nominations?

Dr. S. E. Moser:

I make a motion that the rules be suspended and that Dr. Pharr be elected by acclamation and that the Secretary cast the ballot for the entire Society.

Motion seconded.

President Alford:

Motion has been made and seconded that the rules be suspended and the Secretary cast the unanimous ballot for Dr. Pharr to succeed Dr. C. C. Poindexter. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." Mr. Secretary, will you cast the ballot of the Society for Dr. Pharr.

Secretary Fitzgerald:

May I ask Dr. Pharr to stand. (Applause.) It gives me great pleasure to cast the entire ballot of the North Carolina Dental Society for you as Dental Member of the State Board of Dental Examiners.

Dr. Pharr:

Mr. President and Fellow Members of the North Carolina Dental Society:

I am indeed grateful to every one of you for this high honor of trust and I will assure you that I will do my best to fulfill it with honor. I am not unmindful of the fact that I am following in the steps of a man who has set a precedent that will be hard for me to live up to, but I will do my best. Thank you. (Applause.)

President Alford:

We next have to elect a man to succeed Dr. Wilbert Jackson on the Board of Dental Examiners. The nominating committee nominated Dr. Jackson to succeed himself. Are there any further nominations?

Motion made and seconded that the rules be suspended and that the Secretary cast the unanimous ballot of the Society for Dr. Jackson as Member of the State Board of Dental Examiners.

President Alford:

Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." Motion is carried and it is so ordered. Dr. Fitzgerald, will you cast the ballot?

Secretary Fitzgerald:

Dr. Jackson, will you stand. (Applause.) It gives me great pleasure, Dr. Jackson, and I am very glad indeed to cast the vote of the North Carolina Dental Society for you as Dental Examiner to succeed yourself. (Applause.)

President Alford:

Dr. Jackson, would you like to say something?

Dr. Jackson:

Mr. President, I am afraid I have said too much already. I wish to say this—that I appreciate the confidence of this group of men as much as it is possible for me to appreciate anything. Your support has never been questioned. I feel like this organization of 550 men is the same as one man all working for the betterment of dentistry. It will be my purpose in the future not to betray the trust that you have imposed in me. I thank you. (Applause.)

President Alford:

Before we take another ballot, I would like to say that there will be a meeting of the House of Delegates immediately after this session on the mezzanine floor just beside the elevator and all members of the House of Delegates will please report there immediately, because we want to get the session over as soon as possible. If any other members want to sit in, it is perfectly all right.

The next office to be filled is the Delegate to the American Dental Association to succeed Dr. Clyde Minges. Dr. Clyde Minges has been nominated by the nominating committee to succeed himself. Are there any other nominations?

Dr. Pridgen:

I move that the nominations close and that the rules be suspended and the Secretary cast the unanimous vote of the Society for Dr. Minges. Motion seconded.

President Alford:

Is there any discussion? If not, all in favor of so doing, let it be known by saying "Aye." Opposed, "No." Dr. Fitzgerald, will you cast the entire ballot of the Society for Dr. Minges.

Secretary Fitzgerald:

Dr. Minges, will you stand. It gives me pleasure to cast the ballot of the North Carolina Dental Society for you as Delegate to the American Dental Association. (Applause.)

President Alford:

Dr. Minges, would you like to say something?

Dr. Minges:

I don't have anything to say. I appreciate your sending me back. I will do everything I can to help dentistry, as I see it. I realize it is a pretty good job but I have pretty capable help and I will do the best I can. Thank you.

President Alford:

The next in order is the election of four Alternate Delegates to the American Dental Association. I am going to name the four delegates in order as they were nominated by the nominating committee. If there are any other nominees, we will have them from the floor. Dr. D. L. Pridgen, Dr. O. R. Hodgkin, Dr. C. C. Poindexter, Dr. F. O. Alford. Are there any other nominations?

Dr. Moser:

Mr. President, I move that the nominations be closed and that these men, as nominated by the nominating committee, be elected by acclamation and the Secretary be instructed to cast the entire vote of the Society.

Motion seconded.

President Alford:

It has been moved and seconded that Drs. D. L. Pridgen, O. R. Hodgkin, C. C. Poindexter and F. O. Alford be elected as Alternate Delegates to the American Dental Association. Is there any discussion?

Mr. Secretary, there being no discussion—first, those in favor of the motion, let it be known by saying "Aye." Opposed "No."

Secretary Fitzgerald:

To Doctors D. L. Pridgen, O. R. Hodgkin, C. C. Poindexter and F. O. Alford—it gives me pleasure to cast the ballot of the North Carolina Dental Society for you as Alternate Delegates to the American Dental Association. (Applause:)

President Alford:

The next order of business is the selection of a place for our next meeting. We will now have invitations for our next meeting city.

Dr. Medlin:

John Pharr got the rope out here tonight and maybe we are going to need it now. We ought to have a little fight. I have been asked by a

great many members of the Society to extend an invitation to meet at Pinehurst next year. After thinking the matter over, I think one of the main advantages of meeting at Pinehurst is that we have a hotel there big enough to accommodate everybody under one roof where we can all be together. (Applause.) I am going to do a little anticipating here. I understand my friends from Durham are going to invite the meeting there. I want to say that when we met in Durham, really, we were never entertained more royally than there. They did a great job. This is a democratic organization. Vote as you like.

Dr. A. D. Abernethy, Sr.:

I am going to do a little anticipating, too. (Applause.) We all like to feel good and get high. In Blowing Rock you can get higher by three thousand feet than you are now and it would only take you one hour from this place. The management assures you of the best service this year. They have booked eight outstanding meetings of the state. It is a fine place. Dr. Jack told you about the scenic highway. It is advertised nationally and is one of the most beautiful things I know of in existence. Blowing Rock welcomes you and is amply able, I am sure, to take care of you.

Dr. Olive:

Pinehurst, as you all know, is a good place to meet and the rates are not any higher, than any other place. It is pretty this time of year. We always have a good meeting there. There is ample room and it is an ideal place for the convention. I want to second Dr. Medlin's suggestion.

Dr. H. C. Carr:

I hesitate to say anything after the bows given Dr. Medlin. If he hadn't been so kind as to put in a word, I would almost hesitate to say anything. It has been twenty-two years since the Society met in Durham. Since then we have made wonderful developments—the great Duke University and a new hotel—and we feel that we can take care of you and give you a good time. Durham wants you if you want to come. We will do all we can to make it pleasant and comfortable for you. I believe your stay there will be enjoyable.

Dr. Matheson:

I want to back up Dr. Abernethy's invitation to Blowing Rock. I happen to live nine miles from there. I know the people in Blowing Rock will be glad to have you. One of the big advantages in meeting in Blowing Rock next year, the highway will be opened up through that section for two hundred miles. We will have a highway from the Smoky National Park way on into Virginia, connected probably with the Washington section of the highway. I would like for you people to come up and see that section of the State with the new highway

through there so you can tell the people of the State who come into your offices who come in contact with you what we have in North Carolina in the way of a tourist State. It concerns all of us. About the accommodations, I talked with Mr. Jack Craig, the manager, and he assures us that he is amply prepared to take care of this Society. I know there have been a number of improvements since we met there five years ago and I am sure that there will be no trouble in accommodating all the members. If you are interested, the manager will come in and tell you about it, concerning the rates and accommodations. He is just outside the door and we will call him.

Dr. Abernethy:

Mr. Chairman, one thing I must have neglected. I notice the point has been stressed of air conditioning. Where I invite you boys, everything is air conditioned from the hen house on up.

Dr. Fox:

In considering the meeting place for next year, I'd like to say that so far as climate, scenery and entertainment is concerned, Blowing Rock would undoubtedly be my first choice, but I would like to call to the attention of those here the fact that our Society has grown to such an extent that hotel accommodations are hard to find for this group. We have a registration here this year of approximately 650, which surpasses the hotel accommodations of Charlotte to the utmost. Every hotel in Charlotte is full. We should take this into consideration in planning our meeting place and in view of the hotel accommodations, I don't believe Blowing Rock, Durham or Hendersonville can take care of this sized group. If some of these places would increase their hotel accommodations, I'd be delighted to go there. I'd like to second the motion that we take this meeting to Pinehurst next year. I believe it has the best facilities for taking care of this large crowd.

President Alford:

Motion has been made and seconded that we take a vote on the three towns. Is there any discussion? If not, all in favor of going to Pinehurst, let it be known by standing. Remain standing until the vote is counted.

Ninety-eight votes for Pinehurst.

President Alford:

All in favor of Blowing Rock, please stand.

Thirty-one votes for Blowing Rock.

President Alford:

All in favor of Durham, please stand. (35 votes.)

Pinehurst has the majority. We will meet at Pinehurst next year.

Just one minute, please. Dr. Guy Harrison would like to have a word to say.

Dr. Harrison:

I would like very much for you to go to Forest City, but due to hotel facilities, I can't invite you.

Seriously, I am here representing the President of the Virginia State Dental Association. He asked me to express his appreciation of your sending the issue of the *Bulletin* containing your program and your kind and cordial invitation. He asked me on behalf of the Virginia State Dental Association to extend a cordial invitation for you to attend their convention next week in Lynchburg, and I thank you very much.

President Alford:

Thank you, Dr. Harrison.

There will be a dance in this room beginning as soon as they can clean it up. We will meet in here in the morning at nine o'clock. Clinics begin at nine forty-five.

The meeting stands adjourned.

HOUSE OF DELEGATES

The second session of the House of Delegates of the North Carolina Dental Society convened immediately following the General Session on Tuesday evening, May 7, on the mezzanine floor of the Hotel Charlotte, Charlotte, with the President, Dr. Frank O. Alford, presiding.

President Alford:

The House of Delegates will please come to order, and the Secretary will call the roll.

ROLL CALL

Officers:

F. O. Alford, President
C. M. Parks, President-elect
H. Royster Chamblee, Vice President
Paul Fitzgerald, Secretary-Treasurer

Ethics Committee:

G. Fred Hale
W. L. McRae
Z. L. Edwards

Executive Committee:

D. L. Pridgen
O. L. Presnell

Board of Dental Examiners:

A. C. Current

First District:

Walter E. Clark
Wm. M. Matheson
S. E. Moser
A. D. Abernethy, Sr.

Third District:

W. R. McKaughan
A. W. Craver
R. A. Wilkins
Frank E. Gilliam

Second District:

J. H. Guion
C. A. Barkley
J. P. Bingham
T. P. Williamson

Fourth District:

W. W. Rankin
K. L. Johnson
H. L. Allen
H. O. Lineberger
S. R. Horton

Fifth District:

A. T. Jennette
G. L. Overman
C. E. Minges

Z. L. Edwards
W. T. Ralph

President Alford:

Are there any Alternates to be seated?

Member:

Dr. Alford, I'd like to appoint Dr. Medlin to take Dr. Underwood's place. (Third District.)

President Alford:

Is there any business to come before this body? Any unfinished business? Any new business?

Dr. Chamblee:

Mr. President, I presided over the New Members' Breakfast this morning and personally, I was very much impressed with it. It seems that this is a new phase of our program. We had nine out of eighteen present. Dr. Hale, Past President and Chairman of our Ethics Committee, made a very fine heart to heart talk to these boys on what you call practical ethics in our profession. He said a number of cases had been brought before him for his consideration. He discussed these and the interest of these boys was manifested in the number of questions that they asked and it seems to me, Mr. President, that this is a splendid thing and I would like to see it done annually.

President Alford:

Dr. Chamblee, do you make that in the form of a motion?

Dr. Chamblee:

Yes.

President Alford:

In other words, we will have a Dutch breakfast for these new members?

Member:

Yes.

President Alford:

The motion has been made. Do I hear a second?

Motion seconded.

President Alford:

Motion has been made and seconded that we continue the breakfast for the new members and that the breakfast be a Dutch breakfast. Is

there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." The motion is carried and it is so ordered.

Is there any further business to come before this body?

Dr. Jennette:

May I make a report here of a committee?

The Clinic Board of Censors wishes to submit the following report:

Your Censors have visited all the clinics and looked them over carefully and they are all so good we feel that we would like to recommend that all be placed before the American Dental Association, but since that is impossible, we have selected the following which we considered enough out of the ordinary to merit their consideration:

"Visualizing Children's Dentistry," Dr. L. D. Arthur, Charlotte, N. C.

"Amalgam Restoration," Dr. Z. Vance Kendrick, Jr., Charlotte, N. C.

"Method of Determining Length of Needle for Injection," Dr. E. G. Click, Elkin, N. C.

"Direct Inlay Technique," Dr. Dan Wright, Greenville, N. C.

"Anatomy of Head and Neck," and "Engine Driven Surgical Mallet," Dr. Kenneth C. Johnson, Raleigh, N. C.

In addition, we wish to thank the Bureau of Standards for the loan of their "Denture Base Materials," "Amalgams," and "Silicates."

Respectfully submitted,

A. P. CLINE,
VERNON COX,
H. V. MURRAY,
S. ROBERT HORTON,
R. F. HUNT,
A. T. JENNETTE.

President Alford:

Gentlemen, you have heard the report. What is your pleasure?

Dr. Amos Bumgardner:

I move that the report be adopted.

Motion seconded.

President Alford:

Motion has been made and seconded that the report be adopted. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." The motion is carried and it is so ordered.

Dr. Z. L. Edwards:

May I report on the President's Address.

We, your committee on the President's Address, desire to present the following report:

In the first place, we desire to commend him for the thoroughness with which he has discussed the problems and the needs of organized Dentistry in North Carolina, as well as his prophetic warnings concerning future trends.

As a result of his thorough knowledge of the affairs of this Association, acquired through many years of experience in intimate contact with the active participation in official capacities, he has delivered to us one of the most thorough and illuminating addresses ever heard by this organization.

With reference to his recommendations, we commend and recommend for your approval each and every one with the exceptions noted below:

Recommendation No. 2, which reads as follows: "The President-elect be required to make an annual address at the opening session of the meeting at which he is installed as President, to outline policies for his administration."

It is the opinion of your committee that this procedure should be left optional with the incoming president, and so recommend.

Recommendation No. 4, which reads as follows: "If sponsorship of the Golf Tournament is continued by the Society, the Tournament be arranged not to interfere with the scientific sessions of our annual meeting." "I further recommend that commercial firms not be solicited for trophies to be presented to winners in the Golf Tournament."

We heartily approve the latter recommendation and feel that since there are so few of our members who play Golf regularly, prohibitory measures would not solve the problem. Therefore, we recommend the adoption of a policy of persuasion and not legislation.

Respectfully submitted,
Committee on President's Address.
WALTER E. CLARK,
EVERETT L. SMITH,
Z. L. EDWARDS, *Chairman.*

President Alford:

Thank you, Dr. Edwards, for the report and your kind remarks.

Motion made and seconded that the report be accepted as read.

President Alford:

Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." The motion is so ordered.

Dr. R. M. Olive:

Mr. President, I have a short report here. It won't take up long.

LEGISLATIVE COMMITTEE REPORT 1940

Due to good luck and good fortune, the Legislative Committee has not had any call for legislation this year and nothing to report.

Respectfully submitted,
R. M. OLIVE,
E. B. HOWLE,
J. N. JOHNSON,
W. K. CHAPMAN,
C. C. POINDEXTER.

President Alford:

Gentlemen, you have heard the report. What is your pleasure?

Motion made and seconded that the report be accepted; vote taken and carried and motion so ordered.

President Alford:

Dr. Minges, is the Resolutions Committee ready to report at this time?

Dr. Minges:

Yes.

First of all, before I go into that report, I wish to ask the indulgence of the House to place on the table an amendment to the Constitution and By-Laws. I have a copy and I will read that Article where those words come in. It was the proposition that the words, "Dental Member of the State Board of Health" be inserted between the word "Ethics" and "and" in Article Nine at the end of Line Five. That will make this Article read, "The House of Delegates shall consist of the President, President-elect, Vice President, Secretary-Treasurer, Delegate from each of the Five Districts, as provided for in Article Two of the By-Laws, Members of the Executive Committee, Dental Ethics" and now here I ask that we insert the words, "State Board of Health" and continuing there, "and two members of the North Carolina State Board of Dental Examiners, which members shall be elected annually by the Examining Board." I, personally, think that it is necessary in order that this House proceed on certain matters intelligently that we have at all times the advice of our Dental Member of the State Board of Health. That is what prompted me in placing the amendment on the table. I think that in order that we may do that at this meeting, we will have to have the concurrence of 90 per cent of the House of Delegates and would you mind asking for a vote on that question at this time?

President Alford:

You make that in the form of a motion?

Dr. Minges:

Yes, I do, Sir.

Motion seconded.

President Alford:

Motion is made and seconded that we take a vote on Dr. Minges' motion. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." The motion is so ordered.

Dr. Minges:

Thank you, Sir.

This isn't a very long report. I have here the report of the Dental Member of the State Board of Health, which he requested that I read.

REPORT OF THE DENTAL MEMBER OF THE NORTH CAROLINA STATE BOARD OF HEALTH

Since the last report there has been no change in the policy of the Division of Oral Hygiene of the North Carolina State Board of Health.

I wish to commend the dentists on the staff for the splendid service they are rendering to the children of North Carolina. This service is being made available to more children each year, as the number of counties making application to be included in the Program increases yearly.

The North Carolina Plan of Mouth Health Education continues to be recognized as the outstanding program in the United States. This is evidenced

by the fact that several states, among them Texas and South Carolina, are adopting our Plan.

Dr. Branch, the Director of the Division, has been invited to many other states to address public health and dental groups and to discuss the North Carolina Plan. Recently, he delivered one of a series of lectures in a Seminar conducted by the Philadelphia County Dental Society and the School of Public Health of the University of Pennsylvania. He is scheduled to appear on the program of the South Carolina Dental Society the last of this month.

During the year, there have been many visitors, an unusual number of inquiries and scores of requests for material from other states.

In view of the fact that our activity is attracting such widespread attention, I would like to suggest that, if any of the members of the North Carolina Dental Society are not well informed as to the nature and scope of the Program of the Division of Oral Hygiene, they learn more about it as soon as possible.

Respectfully submitted,

J. N. JOHNSON.

Motion and second that the report be received.

President Alford:

Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." The motion is carried and it is so ordered.

Dr. Minges:

First of all, you have heard spoken of several times during our meeting the fact that a bill was before the Senate at this time requesting the appropriation of \$75,000, increased \$10,000 annually for a period of ten years, and I offer for your consideration this Resolution:

WHEREAS, the North Carolina Dental Society is very much concerned in the passage of Bill S 3607, a congressional bill to authorize research by the Public Health Service, relating to the cause, diagnosis and treatment of dental diseases,

BE IT RESOLVED that the North Carolina Dental Society petition the Senators and Representatives to support this bill when brought to the floor of their respective Houses.

It is recommended that our Secretary be instructed to send a copy of this Resolution to each of our Senators and Representatives.

J. F. CAMPBELL,

HARRY KEEL,

E. M. MEDLIN,

C. W. SANDERS,

M. B. MASSEY,

C. E. MINGES, *Chairman,*

Resolutions Committee.

Dr. Minges:

Mr. President, I move the adoption of this Resolution.

Motion seconded.

President Alford:

Motion has been made and seconded that the Resolution be adopted. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." The motion is so ordered.

Dr. Minges:

I have here the following Resolution which was unanimously passed by the American Association of Public Health Dentists at its regular meeting in Milwaukee, July 16-17, 1939:

WHEREAS, The American Association of Public Health Dentists is interested in the promotion of health and the prevention of disease, and

WHEREAS, the success of our efforts depends upon the active co-operation of the dental profession, upon whom we depend for accurate reporting of dental defects and corrections, and

WHEREAS, some members of the dental profession have signed forms which certify that all dental defects for certain children have been corrected without completing all necessary corrections,

THEREFORE BE IT RESOLVED, that the American Association of Public Health Dentists request the respective State Dental Associations to adopt a resolution pledging their members to sign a correction certificate only after the necessary corrections have been made.

We recommend that a copy of this resolution be sent to the Secretary of each State Dental Association to be presented for the consideration of the Society at the next annual meeting.

VERN B. IRWIN, D.D.S., *President.*

FRANK C. CADY, D.D.S., *Secretary-Treasurer.*

I see nothing but good in this Resolution and I, therefore, move its adoption.

President Alford:

It has been moved that the Resolution be adopted. Do I hear a second?

Motion seconded.

President Alford:

It has been moved and seconded that the Resolution be adopted. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed, "No." It is so ordered.

Dr. Minges:

I have here an explanatory letter from the Cleveland Dental Society signed by W. W. Hurst, President, to, I believe, our Secretary.

THE CLEVELAND DENTAL SOCIETY

562 Rose Building
Cleveland, Ohio

April 24, 1940.

Dear Dr. Fitzgerald:

At its last meeting, the Council of The Cleveland Dental Society adopted a resolution recommending to the American Dental Association that it establish a Section on Practice Management.

The present economic situation is so complex and thereby confusing to the average dental practitioner, that it seems proper to request the American Dental Association to provide its members with an opportunity for instruction on this subject through ethical professional channels.

A copy of the resolution is enclosed herewith, and we urge that your society take similar action.

Yours very truly,

W. W. HURST,

President,

The Cleveland Dental Society.

WWH:LG

Dr. Minges:

I have here a Resolution that they have written, and I will read the Preface to it and then the Resolution.

RESOLUTION

A Proposed Section of Practice Management for the American Dental Association

Preface

Whereas: The proper conduct of dental practice is of vital importance to every dentist, and

Because: The contemporary economic situation is so complex and thereby confusing to the average practitioner making it desirable for him to be instructed in these many changes which are constantly taking place, and

Whereas: The instruction has in part been given through the inclusion of this subject in local, state, and national dental programs which while inadequate at the present time, have in the past fulfilled a primary purpose in answering a definite need of the profession, and furthermore,

Because: An opportunity is needed to progress along strictly ethical professional channels a medium for encouraging such progress is of immediate consideration. Therefore be it resolved:

Resolution: That since the importance of practice management has been established; and because of the above mentioned reasons a medium for further progress is necessary; The Cleveland Dental Society through its representatives (the Council) hereby presents a petition to the American Dental Association to establish a Section in Practice Management. This Section to be organized and conducted as are the several other sections of the Association.

Conclusion: I move Mr. President the adoption of this resolution, that it be published in our *Bulletin*, and that a copy of the resolution be sent to the American Dental Association for reference to the proper committee, and to each component society in our state, and at least one major component

society in each of the other states, urging similar action as suggested above.

Dr. Minges:

Now, Gentlemen, I am mighty glad that Dr. Lineberger, and Dr. Jackson are here. I have seen some work of the Cleveland Dental Society and it is all very fine. I don't know exactly what ramifications are in this particular subject. I mean by that—I don't know whether or not it will incur additional expense for the American Dental Association in creating a new bureau; therefore I hesitate to recommend this resolution to you. I would be inclined to perhaps say that this Resolution be received as information. I don't believe that I would go further than that. However, if there is a difference from that opinion, if someone feels that we should adopt the Resolution, I wouldn't raise a fight and I specifically request Dr. Lineberger to say whether or not he does agree with that. He is familiar with the working of the American Dental Association and it might incur additional expense. If it does, the American Dental Association is certainly not in position at this time to take on additional expense. Dr. Lineberger, will you please say just a word there?

Dr. Lineberger:

I am not familiar with this situation except from what I have heard here. It appears to me—I am not sure whether they are trying to force the hand of some one or not—I do know the American Dental Association is not in position to finance any other bureaus of this kind and I, for one, would agree with what you said.

Dr. Minges:

You do think it wise that we have a motion that this report be received as information—and I think perhaps that would be the safer disposition. I make a motion that this report be received as information.

Motion seconded.

President Alford:

Motion has been made and seconded that this Resolution be received as information. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." The motion is so ordered.

Dr. Minges:

Before I finish with the Resolutions, I ask your indulgence, in case there are additional resolutions—any one who has one bring it to your committee in order to get it in the report tomorrow.

Dr. Parks:

I have the report of the Membership Committee.

Your committee began its work last summer by compiling a list of all non-members in the state. Through information obtained from various members living in the same vicinity as these non-members, the ineligible and disinter-

ested men were eliminated, thereby securing a list of those whom we consider eligible men. Just prior to the several district meetings in the fall, these same members were asked to make a special effort to interest these eligible non-members in affiliating themselves with the Society. As a follow-up to this, during the past month a personal letter was written to all of these men inviting them to reinstate or join the Society.

Along with this report the committee presents a copy of the list of these eligible non-members to the Secretary, with the hope that it will be a help to him and the membership committee during the coming year.

The following is a report of the membership by districts:

	<i>First</i>	<i>Second</i>	<i>Third</i>	<i>Fourth</i>	<i>Fifth</i>	<i>Total</i>
Members in good standing.....	124	139	104	79	110	556
Members subject to suspension.....	0	4	3	0	1	8
Members reinstated	10	3	1	0	0	14
New members	7	7	3	2	3	22

The committee wishes to express its sincere thanks to all those who have helped in the work this year.

Respectfully submitted,

H. E. NIXON,
K. L. JOHNSON,
CARL A. BARKLEY,
A. W. CRAVER,
W. M. MATHESON,
C. M. PARKS, *Chairman*.

Motion made and seconded to receive the report.

President Alford:

Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." The motion is so ordered.

Are there any further reports to come before the House?

Dr. D. L. Pridgen:

I should like to present the report of your Executive Committee.

REPORT OF EXECUTIVE COMMITTEE

On May 3, 1939, following the adjournment of our 1939 meeting, the Executive Committee met at the Sir Walter Hotel in Raleigh. All bills for the 1939 meeting, properly approved, were ordered paid. The date for the 1940 meeting of the society was set for May 6, 7 and 8, and the Charlotte Hotel was designated as headquarters. The committee unanimously elected Dr. Neal Sheffield to succeed himself as Editor-Publisher for the ensuing year.

The committee again met in Raleigh on June 28, and after lengthy discussion the following motion was passed: "That it is the sense of the Executive Committee of the North Carolina Dental Society that the application of Ralph C. Flowers for renewal of his license to practice dentistry in North Carolina be denied. That the president and secretary of the North Carolina Dental Society be authorized by the Executive Committee to employ counsel and coöperate with him in presenting all facts pertinent in opposition to granting renewal of license to Ralph C. Flowers to practice dentistry in North Carolina." Pursuant to this motion, Mr. I. M. Bailey of Raleigh was employed as counsel, and together with

him the president and secretary appeared in behalf of the Society at the hearing conducted by the North Carolina Board of Dental Examiners in Raleigh on July 24.

Your committee wishes to report that upon the recommendation of auditors employed by the society, the chairman of your committee called upon the secretary-treasurer of the state society and the secretary-treasurers of the district societies to close their books simultaneously on May 31, and submit to the Executive Committee financial statements from the date of the previous audit, June 25, 1938. This request was promptly complied with, and has made possible a more adequate audit of the society's books.

Your committee wishes further to report that surety bonds in the amount of one thousand dollars are in force for each of the district secretary-treasurers, and in the amount of seven thousand five hundred dollars for the secretary-treasurer of the state society, all of which are in custody of the chairman.

During the closing session of the House of Delegates at our 1939 meeting the matter of alleged discrepancies in the membership record of Dr. S. H. Steelman, was referred to the Executive Committee with power to act. Your committee made some investigation of the matter, but deferring to the wishes of Dr. Steelman as stated in a letter to the secretary-treasurer that no investigation be made of alleged irregularities which would cause embarrassment to anyone, the committee felt that it could not sanction a change in the record without making a full and complete investigation, and therefore voted to let the record stand as it is.

The attention of the committee was called to the condition of Dr. Ralph Ray of Gastonia. It was ascertained that Dr. Ray had been a long and faithful member of the society, but has now become permanently disabled. The secretary-treasurer was therefore ordered to remit his back dues and place his name on the Inactive List.

The Committee appropriated the amount of eight hundred dollars to defray the expenses of the 1940 meeting.

The committee wishes to commend our capable and genial president, Dr. Frank O. Alford, for the able manner in which he has administered the affairs of the society. We express our appreciation to Dr. Paul Fitzgerald and to Dr. Neal Sheffield for their faithful and laudatory services. We wish to thank those who have served on various committees during the year. We are most grateful to the dentists of Charlotte as well as to their ladies for the splendid arrangements which have been made for us. And to all others, who have in any way or in any measure contributed to the success and our enjoyment of this meeting, we are deeply indebted and offer our heartfelt thanks.

Respectfully submitted,

O. L. PRESNELL,
A. S. BUMGARDNER,
D. L. PRIDGEN, *Chairman*.

President Alford:

Gentlemen, you have heard the report. What is your pleasure?

Motion made and seconded that the report be accepted and there being no discussion, vote taken and motion carried.

Dr. Craver:

I wish to make a request in behalf of a member who is up for suspension. May I be allowed to do so?

President Alford:

Yes.

Dr. Craver:

This member is Dr. J. J. Hamlin of High Point. He asks me to submit this proposition to the Society in his behalf. First, to make it clear I will state his contention. He joined the Society in 1918, was suspended in 1930 for non payment of dues, was re-instated in 1933, paying his 1932 and 1933 dues. Dr. Hamlin was under the impression that he had paid all his dues continuously or consecutively and would be a life member in 1943. He asked me to submit this, and to make it easier, put it in the form of a resolution that he be allowed to pay the sum of \$60 covering these three lapsed years and also his 1939 and 1940 dues placing him in good standing. This is the proposition that I present for him.

Dr. Minges:

For information, did that include any penalty in the amount you mentioned?

Dr. Craver:

According to my books—he is given credit for 1932 and 1933 dues when he pays that reinstating him at the meeting in 1933.

President Alford:

He paid the penalty the year he was reinstated?

Dr. Craver:

Yes.

President Alford:

But he would be due to pay another penalty now?

Dr. Craver:

Well his 1939 dues he'd have to pay to be reinstated now.

Member:

Nineteen hundred thirty-nine and 1940 dues.

Dr. Fred Hale:

Is the payment of one penalty sufficient to make the payments consecutive?

Dr. Craver:

It lapsed three years. He wants to pay those at this time and be credited for continuous membership from 1918. That is his proposition.

Member:

There is a difference in interpretation—whether continuous or consecutive. There is a difference between the two. I think several members

have possibly been allowed to continue on the 25-year plan that if you hold to the By-Laws would not be eligible because they lapsed one year and took it up the next year. That could not be consecutive payment.

President Alford:

Any further discussion?

Dr. Hale:

I am of the opinion, Gentlemen, that if a man is ever suspended and then comes back, this 25 years must start from that time. He comes in as a new member. I think that is the way we have heretofore interpreted the Constitution and By-Laws on that.

President Alford:

I am of that opinion.

Dr. Horton:

If we didn't have that penalty, anybody could be slack and pick it up again. It starts from the time he comes back in.

President Alford:

I am sure that was the purpose of the penalty.

Dr. Alford:

I would like to have the opinion of some of the others, but I will express my opinion. I believe it would be unconstitutional. I believe we would have to change the Constitution and By-Laws to do it. I would like to hear from some of the older and more experienced men about it. We don't want to deny anybody membership or keep anybody out of the organization, but we have rules we have to abide by.

Dr. Abernethy:

What has happened in all the meetings I have been to—you must be consecutive—you can't get behind and pay up.

President Alford:

I believe I'd be in order to rule that this is out of order and unconstitutional. I will do that.

Are there any other committee reports?

Dr. Paul Jones:

There has been no activity, so therefore, the Committee has had nothing to do.

President Alford:

Thank you, Dr. Jones.

Are there any further committee reports?

Dr. Presnell:

I don't have a committee report but I have a matter to present to the House at this time. Last year upon the recommendation of our immediate past president, there was formed a nominating committee. I think it goes without saying that the motive behind this recommendation and its adoption was certainly most democratic and was intended to eliminate many of the petty jealousies and politics which have arisen in the organization. I thought so, and I am sure most of you did too, or you would not have passed the resolution. After one year of action or service, it is the opinion of many of the members of this organization that this committee has failed in its purpose, and I might further say, to a certain extent, it has defeated its purpose. I, therefore, move that this nominating committee be discontinued.

President Alford:

Gentlemen, you have heard the motion. Is there a second?

Dr. Z. L. Edwards:

I am thoroughly in accord with what Dr. Presnell said. I am thoroughly convinced that it will lead to further trouble. I think the organization would be better off with it abolished.

President Alford:

Do you second that motion, Dr. Edwards?

Dr. Edwards:

Yes.

President Alford:

A motion has been made and seconded that the nominating committee be abolished. Is there any discussion?

Dr. Hale:

Mr. President and Members of the House of Delegates: I am the man who proposed that, thinking that perhaps it would be for the best interest of the Society. My only interest in the North Carolina Dental Society is to do what you want done. It doesn't make one bit of difference to me. Whatever your judgment dictates, it will be my pleasure. I have no feeling about it at all.

Dr. Moser:

I want to say one word. It occurred to me that it has worked. Personally, I didn't like the idea, but it seems to me the thing has worked in an excellent manner. It has eliminated a lot of politics that we had heretofore and I can assure you there is nothing biased in what I am saying. I haven't been nominated and am not expecting to be. We have two on the nominating committee from each District and they certainly give that some thought and consideration and we don't have this thing of fellows

running around for three days in advance wanting you to vote for any number of men. I want you to give it some thought before you vote on it.

President Alford:

Thank you, Dr. Moser.

Dr. McKaughan:

Members of the House of Delegates: I am sure that Fred Hale's intentions were the very best and I think that his idea was to do away with a lot of disagreeable and undesirable circumstances. Personally, I think the method of our election of officers prior to this year is the most democratic method that we could possibly pursue. Personally, I was not in favor of it last year. I disagree with Dr. Presnell in that I think the nominating committee this year functioned perfectly in so far as its duties are concerned. If it didn't, I don't know wherein it didn't.

Dr. Chapman:

Mr. President, I would like to preface my remarks by saying that I love this organization very dearly. I wouldn't get up here and say a word or do a thing that would interfere in any way with its smooth working. The only thing I have to say is this—after listening to the opinions expressed to me by a great number of men, I feel that the North Carolina Dental Society would do well to abandon the idea of a nominating committee and go back to our old method of “dog eat dog” (Laughter), and get there the best way you can (Laughter), and I say that with all kindness to Fred Hale, to Dr. Presnell and to everyone else in this assembly. I am sincere in what I say and sincere in what I believe and you take that in the way you see fit.

Dr. Presnell:

May I say a word and put myself in the proper light? I don't think any member of that committee will take that as a personal affront. I think they are all too big for that. I am only motivated by the reactions of what the committee has offered this year, the reactions that it has had upon such a large number of this organization, which certainly has not produced a very harmonious spirit, though it hasn't been evidenced on the surface. If you will scratch underneath the surface, you will find disharmony.

Dr. Moser:

I still want to say, however, there is nothing more democratic. If the Fifth District down here chooses to nominate one or two good men, they are certainly better qualified to know those men in the Fifth District than I am. They nominate that man. As it is now, we don't even question the Fifth District. If they have nominated the wrong man, it is too bad for them.

Dr. Edwards:

I don't like to have much to say about this thing because I am a member of the nominating committee. I'd like to say to Dr. Moser—not to kid himself into thinking that there is no politics in the committee. (Laughter.) There are a great many things you don't know that might be to your own enlightenment if you faced the situation. I have no desire to enter into a controversial issue unless I am forced to. I merely make the statement that I am heartily in accord with the motion made by Dr. Presnell because in the end I think it will be to our best interest. Now in doing this, I want to pay my respects to Fred Hale because I know he was honest and sincere in making the recommendation because he believed it would be to the best interest of the organization. I don't think that plan is as democratic as the plan we used prior to its introduction. I agree with the distinguished gentleman from Jackson here that "dog eat dog." (Laughter.) Regardless of whom the majority of the nominating committee selects as its nominee, that man has the advantage that much to start with. I hope to see this committee abolished.

Dr. A. D. Abernethy, Sr.:

I'd like to go on record as endorsing the abolishment because it is not as democratic as we have had. These gentlemen have made an investigation and say it is not, so there is no question about it.

Dr. C. I. Miller:

May I say that I have been about in the assembly here the last few days and I know, of my own knowledge, that there are rumblings underneath and I fear seriously that they will burst into full fruition and it will not be for the best interest of the North Carolina Dental Society.

President Alford:

Gentlemen, we don't want to be hasty about this.

Dr. Moser:

I retract all my remarks, Mr. President.

President Alford:

Is there any further discussion? I remember Dr. Hale told me last year—if I may say this—that he recommended the formation of this committee and if it was workable, fine; if it wasn't, fine; we could try it and if you fellows don't think it is working, all right. If you do, all right. But I would like for those who have anything to say about it to present it.

Dr. A. C. Current:

Gentlemen, I don't know what is best for the interest of the Society as regards the nominating committee or any other one particular question. I would like for us all to think a little bit about the question of whether or not this committee is democratic, as we undersand democracy. Is it

not true that in our own commonwealth we select our Senators and Representatives from each District to go to Raleigh and enact our laws and conduct our political affairs for us and isn't it also a matter of public knowledge that we, as citizens back home, always get together in political campaigns and matters of business as influential citizens to petition these men selected to act as we like for them to act and we consider that a perfectly democratic proposition and so whether the nominations go through a nominating committee or come from the men individually on the floor, which of these two is more democratic is, as I see it, a debatable and controversial question. However, I feel that the best interest of the Society should be considered—whether it can be served by having or not having a nominating committee as voiced by the majority of the vote of the Society—but I rose only to ask you fellows to think as to whether or not you are acting in a democratic way by going through a nominating committee rather than the procedure we had before.

President Alford:

Thank you, Dr. Current.

Dr. Ralph:

I have been coming to this meeting for a long time, but I want to say to you gentlemen that I have heard more rumblings, more signs of discontent in this meeting than I have ever heard before. I think the motive back of this as put out by Dr. Hale is all that is to be desired. I am satisfied that he had the best interest of the whole Society at heart, but when you tie up all the officers of the North Carolina Dental Society in the hands of 11 men, you are treading on dangerous ground. You can call it as democratic or not as democratic as the old way but when you give every man in the House an opportunity to vote his convictions, when he feels that the cards are not all stacked against him, it certainly promotes a better feeling of understanding among the rank and file of the members of the Society.

Dr. Miller:

May I say again that my observations have been what I have heard—it comes from, I would say 75 per cent of the rumblings, from the younger men. That might be worth something.

Dr. Johnson:

Mr. President, I got here about one o'clock Sunday afternoon. I was possibly one of the first men to get here. Last year when this committee was appointed or elected, whatever, I thought it was a good thing. Just now the Fifth District was mentioned. I am from the Fifth District but one of the first rumbles I heard was from the First District (Laughter). I have heard discontent from every District in the Society since I have been here. I have talked and I have mixed with men from all over the State and I am positive that if this thing goes on, you will have trouble.

President Alford:

Certainly this is a democratic body. If anyone wants to say anything, say it before we adjourn.

Dr. Medlin:

It seems to me a question of whether the politics is kept in the committee or whether the politics belongs to the members. Why not let all the members enjoy it, and let "dog eat dog."

Dr. S. R. Horton:

I'd like to say it goes to show you can't tell who is a politician. I would never have thought of Dr. Johnson as a politician. (W. McKay Johnson.)

President Alford:

I want to be sure that the question is agreeable.

Dr. Kenneth Johnson:

I'd like to call attention to one thing—personally, I haven't heard runblings—maybe I am too busy—we have lost sight of the fact that one democratic phase of it is that it is still anyone's privilege to nominate whomever he pleases from the floor. It is not an open and shut proposition. I am not taking sides for or against the issue. I do think that is a point we have lost track of.

Dr. Hale:

I think that anything that has as much dissatisfaction as this has, ought to be abolished. That is the way I feel about it.

Question!

President Alford:

Gentlemen, you have heard the discussion following motion and second that the nominating committee be abolished. All in favor let it be known by saying "Aye." Opposed "No." Undoubtedly, it is carried. (Applause.)

Are there any other committee reports?

Dr. Minges:

I move we adjourn.

Member:

There is good music going to waste downstairs.

Adjournment at 11:30 P.M.

HOUSE OF DELEGATES

The third meeting of the House of Delegates convened at noon Wednesday, May 8, in the ballroom of the Hotel Charlotte, Charlotte, N. C., with the President, Dr. Frank O. Alford, presiding.

President Alford:

The House of Delegates will please come to order. The Secretary will call the roll.

ROLL CALL

Officers:

F. O. Alford, *President*
Paul Fitzgerald, *Secretary-Treasurer*

Ethics Committee:

O. C. Barker
W. L. McRae

Board of Dental Examiners:

A. C. Current

First District:

Walter E. Clark
O. C. Barker
S. E. Moser
Ralph Coffey

Second District:

J. H. Guion
J. P. Bingham
T. P. Williamson

Third District:

W. R. McKaughan
R. A. Wilkins
Frank E. Gilliam

Fourth District:

W. W. Rankin
K. L. Johnson
H. L. Allen
H. O. Lineberger
S. R. Horton

Fifth District:

R. E. Williams
G. L. Overman
C. E. Minges
James H. Smith

President Alford:

I declare a quorum present.

Is there any business to come before this session?

Dr. Fox:

Mr. President, I have the report of the Publicity Committee.

REPORT OF PUBLICITY COMMITTEE

At the beginning of the year it was suggested that a public relations campaign be worked out to extend throughout the year, with newspaper releases and radio talks over the smaller radio stations through the state, using material approved by the American Dental Association. However, the ethics and executive committees informed me that the publicity was to be limited to releases in connection with the state meeting.

Beginning several months before the meeting, occasional stories have been released to the press, with the more important stories appearing chiefly in the last week of April and first week of May. Most of these stories have been released to all the newspapers in the state and with copies being sent to the radio stations.

Attached are copies of some of the stories sent out, with a few examples of the way the newspapers handled them. Two releases were given to the Associated Press which were sent out by wire all over the state in the week previous to the meeting.

A fifteen minute radio period was secured on Monday, May 6, over Station WSOC at which time talks were made by Drs. E. V. McCollum, H. E. Williams and Ralph R. Byrnes; and through the Rotary Club, arrangements were made for broadcasting a talk by Dr. Arthur Merritt on Tuesday.

Welcome cards were printed and distributed to the various uptown business houses of Charlotte to be used in windows. Through the courtesy of Walgreen Drug Company, a large and instructive window display was arranged in a very prominent location, using chiefly material from the Public Relations Bureau of the American Dental Association.

Material was received from the Bureau of Public Relations of the American Dental Association for display at the convention, which was turned over to the General Arrangements Committee.

Release of material to the state newspapers has been arranged through the courtesy of Mr. R. W. Madry of Chapel Hill, who has been of great help this year as in the past several.

Post cards were sent inviting each member of the Mecklenburg County Medical Society to attend our meeting.

Dr. Vaiden Kendrick has also been of great help in making the arrangements with regards to window displays. I especially want to thank the Charlotte newspapers for the excellent display they have given dental stories.

I suggest that the secretary of the Society be instructed to write letters of thanks to *The Observer*, *The News*, Mr. T. C. Yearwood, manager of Walgreen Drug Company, Charlotte, and Mr. R. W. Madry.

As a result of experience this year, I wish to repeat the suggestion made at the beginning of the year with regard to a year round public relations campaign. I suggest that the material could and should be sent out from the office of the dental member of the State Board of Health as this would give a little more authority to the articles, as well as avoid the claim that any man in private practice was trying to advertise himself, or the powers of the publicity committee should be expanded.

I further suggest that the chairman of the Publicity Committee be selected from the town which is to be host to the convention, and that the Society make some definite arrangements with Mr. Madry or some other public relations counsellor to assist in this work.

Thanking the Society for the honor of having been appointed to this committee, and expressing appreciation for the privilege I have been accorded to be of some service, I am,

Very truly yours,

BURKE F. FOX, *Chairman,*
Publicity Committee.

Dr. Fox:

Mr. President, I have been unable to get all of these clippings mounted. I'd like to turn in this part of the report with Exhibits later. If I may, I'd like to add just a few words about our publicity work. We, I think, have been very fortunate this year in the publicity that we have had, if we want publicity. We had three separate stories in the *Charlotte News* yesterday afternoon and again this morning. We have had three separate stories with regard to our convention in Charlotte in the *Charlotte Observer*. Now in the past, the publicity work has been a step-child of the Society. You men may not know it, but the expenses of publicity have been hidden in this item and that item to keep down the expense of the publicity committee. Actually, if we want pub-

licity, I think the Executive Committee should set up an item in the budget and give the chairman a limit so he would know the amount he had to spend and keep within that amount. The expenses in the past have run somewhere in the neighborhood of \$100, but that has been concealed so it didn't appear as that much for the publicity committee. Personally, Mr. Madry never received a fee for his services other than outright expenses. He should receive a slight honorarium. The amount you spend is going to control to a certain extent the quality and amount of publicity that you get.

President Alford:

Gentlemen, you have heard the report. What is your pleasure?

Dr. Minges:

I move that the report be received and that the committee be thanked for the wholesome publicity given us. However, one phase of that report dealing with a budgetary consideration, I move that the expenses of that committee be referred and left in the discretion of the Executive Committee as to the amount of money they will spend on publicity.

Motion seconded.

President Alford:

It has been moved and seconded that the amount of money to be spent on publicity be left to the discretion of the Executive Committee and the report received. Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." It is so ordered.

Are there any other reports?

Dr. Ralph Jarrett:

I have the report of the Golf Committee. I gave the report last night with the exception of the donations of trophies which came from the Dental Supply Houses and Laboratories and I think we should be very appreciative of these gifts because they had some beautiful gifts and the men who received them were very much delighted with them. I will read them again:

REPORT OF GOLF COMMITTEE

Our tournament was held at the Myers Park Country Club, Monday, May 6 with 76 golfers playing.

Eleven trophies were given by the following firms:

Rothstein Dental Laboratory
Powers & Anderson Dental Company
Keener Dental Laboratory
North State Dental Laboratory
Woodward Prosthetic Laboratories
Carolina Dental Supply Company
Thompson Dental Company
Buran's Laboratory
Charlotte Dental Laboratory
Houser Dental Laboratory
Richmond Dental Laboratory.

To me, I think it is a very delightful part of the program. Some men don't like it. Some men like to have us work all the time. Others like to play a little golf, but I think it is a very, very good thing to have that part of our program so that those who enjoy golf may have it.

President Alford:

Thank you, Dr. Jarrett.

Gentlemen, you have heard the report. What is your pleasure?

Motion made and seconded that the report be accepted and there being no discussion, vote taken and carried.

Dr. Pridgen:

Your Executive Committee recommends the following for Honorary membership in the Society:

Dr. Walter H. Wright, Pittsburgh, Pa.

Dr. E. V. McCollum, Baltimore, Md.

Dr. Robert L. Sprau, Louisville, Ky.

Dr. Olin Kirkland, Montgomery, Ala.

Dr. S. S. Armin, Richmond, Va.

Dr. Herbert Ely Williams, Red Bank, N. J.

Dr. Daniel F. Lynch, Washington, D. C.

Dr. Roy Lyman Sexton, Washington, D. C.

Dr. Arthur H. Merritt, New York, N. Y.

Signed: D. L. PRIDGEN, *Chairman*,
A. S. BUMGARDNER,
O. L. PRESNELL.

President Alford:

Gentlemen, you have heard the nominations.

Dr. Minges:

I move that the recommendations of the Executive Committee be adopted.

Dr. Rankin:

I second the motion that the nominations recommended by the Executive Committee be adopted.

President Alford:

Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed, "No." It is so ordered.

Dr. Pharr:

Mr. President, I would like to make a report of the general arrangements committee of the 66th Annual Convention of the North Carolina Dental Society in Charlotte.

The Hotel Charlotte was engaged for the meeting to be held May 6 through 8. Several meetings were necessary with the hotel manager to outline the necessary hotel arrangements for conducting the business and scientific sessions, the banquet and dance.

The General Arrangements Committee secured for the bulletin 6 1-4 pages, 2 full pages, 1 1-2 page of advertising.

Wire and plugs for exhibit spaces, \$2.70. One clinic had to have a 1,600 foot projector so we had to rent that one.

The Golf Committee arranged a very attractive program for those who indulge in golf. Also some nice prizes awarded to the winners.

I also have the report of the Superintendents of Clinics Committee.

All the clinicians were contacted by letter. Self addressed stamped post card was enclosed, and their needs ascertained. Tables were set up in the lobby for registration, also for the table clinics. Lantern slide projectors were secured from the local Society. Motion picture projectors were loaned to us by individual dentists, except one 1,600 ft. projector which had to be rented.

The Committee wishes to express their appreciation to all who have co-operated in making the needs available for the clinicians.

L. F. BUMGARDNER, *Chairman*,
DAVID ABERNETHY,
M. H. TRULUCK,
W. R. HINTON,
K. L. JOHNSON,
SANDY MARKS.

I'd also like to report for the Entertainment Committee.

The Entertainment Committee met early in February, to begin formulating plans for the entertainment of the North Carolina Dental Society and their wives. A committee of ladies with Mrs. A. S. Bumgardner as chairman was appointed to plan entertainment for the visiting ladies. Mrs. Bumgardner and her committee arranged a sight-seeing tour of the city, a tea, and a bridge luncheon. This was financed, largely, by a contribution from the Charlotte Dental Society.

The Entertainment Committee arranged for a banquet, followed by a period of entertainment by Jack Wardlaw, his orchestra, and floor show. (I am sorry, Gentlemen, that due to things we couldn't help, the floor show and other entertainment part of the program last night had to be deferred.) The hotel was asked to serve a \$1.25 meal and the tickets for the banquet were sold at \$1.50 each, the 25c per ticket, paying for the entertainment. Favors for the banquet were obtained from a local drug store without cost. Jack Wardlaw and his orchestra played for the annual dance. The expense of this, necessarily, had to be borne by the North Carolina Dental Society, since the hotel did not have an orchestra, nor would they furnish one. A financial report is attached herewith.

I would like to take this opportunity to thank the members of the Entertainment Committee, Mrs. A. S. Bumgardner, and all members of her committee for their splendid and willing coöperation in planning and carrying out our part of the program.

Respectfully submitted,

DR. J. DONALD KISER, *Chairman*,
DR. DALE ARTHUR,
DR. D. B. MIZELL,
DR. J. R. BELL,
DR. B. N. WALKET,
DR. GRADY ROSS.

This is the Financial Report:

To: The North Carolina Dental Society:

Received from Sale of 376 Tickets at \$1.50.....	\$564.00
Received from Secretary-Treasurer for Band for Dance.....	80.93
	\$644.93
<i>Debits:</i>	
Hotel Charlotte for 365 Meals at \$1.25.....	\$456.25
Sales Tax	13.68
Jack Wardlaw for entertainment and dance.....	175.00
	\$644.93
Extension wires, plugs, etc., for Exhibits and Clinicians.....	\$ 2.70
Five cell flash light for Clinicians.....	2.00
One hundred twenty-five feet rope.....	1.24
Additional help	5.00
Megaphone	.50
	\$ 11.44

Right here, Mr. President, I'd like to suggest that the Secretary write Pound & Moore and thank them for the adding machines.

The General Arrangements Committee wishes to thank the wives of the local Dentists, the Charlotte Dental Society, the donors of prizes, the Charlotte Hotel, Pound & Moore Company for adding machines, all committees, everyone who has attended this meeting and all who have had a part in making this meeting a success, assuring you that it has been a pleasure to have served in this capacity.

Respectfully submitted,

RALPH SCHMUCKER,
L. O. HERRING,
T. P. WILLIAMSON,
C. F. TAYLOR,
JOHN R. PHARR, *Chairman.*

President Alford:

Thank you, Dr. Pharr, for the report and for the splendid work that you have done.

Gentlemen, you have heard the report. What is your pleasure? Motion made and seconded to accept report.

Dr. Minges:

I would like to amend that by saying, the personnel of the entire committee for the wonderful entertainment they have given us.

President Alford:

Gentlemen, motion has been made and seconded that the report be accepted. Is there any discussion? All in favor rise.

Unanimous rise and applause.

President Alford:

Are there any other reports?

Dr. J. C. Watkins:

I have the report of the American Dental Association Relief Committee.

The stamps were mailed in Chicago as usual in November, and your committee received its first report of the North Carolina Contributors November 17.

We mention this because two of our members, "Billy" Bell and "Pitt Beam" who died shortly after that, were among the first contributors, thus leaving an example of helping their unfortunate brethren.

Your committee during the early fall corresponded with the individual local dental societies of the state and each member of the District Societies in order to get their coöperation.

In the December *Bulletin* we brought before our members the importance of sending their contributions. Ten days later we wrote personal letters to all members who had not contributed, urging them to do so at once, sending their donations to the National Secretary. We are pleased to report that already quite a few have responded to this appeal.

Each year there has been a gain in the number of our dentist contributors, and we are hoping that there will be a still greater increase in the number of contributions and the amount given.

Respectfully submitted,

D. S. CLARK,

W. C. TAYLOR,

J. C. WATKINS, *Chairman.*

President Alford:

Thank you, Dr. Watkins.

Gentlemen, you have heard the report. What is your pleasure?

Moved and seconded that the report be received and there being no discussion, vote taken and carried.

Dr. Owen:

This is the report of the committee on entertainment of out-of-state dentists.

We, as a committee, met and decided to see that the out-of-state dentists should be taken care of in a way that we thought they should be. We met them upon their arrival at the hotel and found out their needs. We tried to take care of them the best we could and see that they were introduced to the membership and yesterday morning we followed the precedent that Dr. Minges and Dr. Bell had for several years of entertaining the men at a breakfast and we had in the neighborhood of twenty. They all seemed to appreciate it. That is about the activity of the committee.

In conjunction with that, I'd like to make this suggestion, Dr. Alford, that the State Society, probably on the second morning of the meeting, entertain these men at breakfast or give them some recognition. They come as visitors and I think something should be done for them. Dr. Bell is not here any more and Dr. Minges took it upon himself—I think it was a nice gesture on the part of Dr. Minges—and I recommend that it be done by the organization.

President Alford:

Do you put that in the form of a motion?

Dr. Owen:

Well, I will put it in the form of a motion.

Dr. Horton:

I second the motion, and I'd like to say that it is one of the prettiest gestures and probably a unique gesture. I don't think any other Association does it. It costs very little as an Association to give this little recognition and courtesy breakfast and I think the expense should be borne by the Association. The expense up to the present has been borne by individuals and I'd like to second that motion.

President Alford:

Gentlemen, you have heard the motion, properly seconded. Is there any discussion?

Dr. Chamblee:

If you don't pay for the breakfast for new members, I oppose paying for anybody's breakfast out of the State Treasury.

President Alford:

Is there any further discussion?

Dr. Minges:

Unless somebody be put in the wrong light here and for the elucidation of certain minds, I believe the Proceedings of the Elizabeth City meeting will show that I, at that time, went before the organization and asked for an appropriation for that entertainment, explaining at that time that I had had the experience of going to a Sister State meeting and some of them treated me very coldly and I didn't come away with a very good feeling in my heart in regard to their hospitality. I want to emphasize that at that time the House of Delegates did not approve of the idea of making an appropriation for that item. Dr. Bell and I conceived the idea—and we have been having since that time as our guests any visiting dentist from any state that we could contact. At no time has it been more than from five to eight dollars each. I personally enjoyed spending that money. Dr. Owen, I asked to have them as my guests. He insisted on paying half of this expense and as I said yesterday morning at breakfast it has been somewhat of an institution and I have had from twenty to thirty letters from people who had heard visitors tell about it in other states and say it was the most unique proposition in North Carolina and that it was appreciated, and I have enjoyed that. I enjoyed a personal feeling that I felt selfish in enjoying. I would much rather go ahead and have the men as my personal guests and I am giving the State Society credit for it. I am not assuming personal glory for it. Inasmuch as there is a budgetary consideration involved I suggest that it not be placed before the House of Delegates and let it go on as it has been going and I will enjoy it a lot more if I am allowed to pay it in the name of the North

Carolina Dental Society. As I said, I have had a lot of pleasure out of it. If Dr. Owen sees fit, I'd like to have him withdraw his motion and just allow it to go on until such time as the House of Delegates feels that they want to appropriate a certain sum for that entertainment. I am sure Dr. Owen had more fun. I just got the hotel bill and my expense is less than \$5. Dr. Owen and I have gotten ten fold pleasure.

Dr. Owen:

In making the motion, it was not my idea to get around the expense. As Dr. Minges said, it was certainly a pleasure. At his request, I will withdraw the motion.

President Alford:

The motion is withdrawn and we will vote on the report.

Dr. Pridgen:

I move that the report be received with thanks to the committee.
Motion seconded, vote taken and motion carried.

President Alford:

Are there any other committees to report?

Dr. Minges:

I asked last night to add any resolutions that might come in. There are no further resolutions to offer and I do not require an additional report. That is the Resolutions Committee.

Dr. Lineberger:

Reporting for the Publication Committee, I'd like to say that the Publication Committee functioned very smoothly this year and it was a pleasure to work with the Editor-Publisher.

President Alford:

You have heard the report.

Dr. Minges:

I move that it be received.
Motion seconded, vote taken and carried.

President Alford:

Dr. Minges, in order to get it in the record, the Resolutions Committee endorsed the Resolution of Dr. Lineberger's Professional Relations Committee?

Dr. Minges:

And move that it be accepted.

President Alford:

Motion is made that the Resolution presented by the Professional Relations Committee be adopted. Is there a second?

Dr. Horton:

I second the motion.

President Alford:

Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." It is so ordered.

Are there any further committee reports?

President Alford:

The Secretary, Dr. Fitzgerald, has some reports to make.

LIST OF NEW MEMBERS

FIRST DISTRICT

Ben T. Grant	Geo. W. Smith
W. T. McFall	Ruffin Self
Alice Patsy McGuire	B. R. Webster
Harold S. McGuire	Wm. D. Yelton

SECOND DISTRICT

J. P. Bingham, Jr.	Thos. G. Nisbet
Joe V. Davis	H. C. Parker
M. O. Fox	Harold E. Plaster
Noah D. Fox	

THIRD DISTRICT

Walter E. Neal	J. T. Thomas, Jr.
Jno. E. Pleasants	

FOURTH DISTRICT

Paul T. Harrell	R. R. Renfrow
Samuel J. Potts	

FIFTH DISTRICT

R. J. Traylor	Dan Wright
Stuart J. Ward	

LIST OF REINSTATEMENTS

FIRST DISTRICT

Macon Halliburton Hewitt	H. B. Gibson
H. L. Roberson	O. H. Hester
P. R. Taylor	J. G. Bennett
O. P. Smith	W. B. Masters

SECOND DISTRICT

G. K. Carter	W. P. Weeks
H. H. Houck	

THIRD DISTRICT

None

FOURTH DISTRICT

None

FIFTH DISTRICT

None

LIST FOR SUSPENSION

FIRST DISTRICT

C. C. Bennett

R. A. Little

SECOND DISTRICT

Daniel B. Boger

W. A. Taylor

Hubert B. Sapps

THIRD DISTRICT

J. J. Hamlin

FOURTH DISTRICT

None

FIFTH DISTRICT

R. W. Moore

REPORT OF EXHIBIT COMMITTEE

The Exhibit Committee wishes to submit the following report:

Amount of exhibit space sold.....	\$845.00
Amount of exhibit space collected for.....	830.00
Amount of exhibited space uncollected.....	\$ 15.00

PAUL FITZGERALD, *Chairman Exhibit Committee.*

REPORT OF PROGRAM COMMITTEE

During the past year the Program Committee has held three meetings with the Executive Committee.

First: On May 3 at the Sir Walter Hotel in Raleigh, N. C.

Second: On July 30, 1939, at the Washington Duke Hotel in Durham, N. C.

Third: On October 16, 1939 at the Carolina Hotel in Raleigh, N. C.

For our report on the activities of this committee, we submit the Program as published in the *Bulletin* which was mailed to all members on April 15, 1940.

PAUL FITZGERALD, *Chairman Program Committee.*

The Executive Committee allowed us \$800 for honorariums and travel expenses.

REPORT OF ATTENDANCE

Members	424
Visiting Doctors	53
Visitors	125
Exhibitors	59
Total Attendance	661

PAUL FITZGERALD, *Secretary.*

President Alford:

Gentlemen, you have heard these reports. I believe it has been the custom that we vote on the men to be suspended and also the new members. The new members are accepted by the Districts and automatically become members of the North Carolina Dental Society, but at this time we will vote on these men to be suspended.

Dr. Minges:

The Constitution and Administrative By-Laws state that they are automatically suspended after a lapse of two years.

President Alford:

We have voted on them.

Dr. Minges:

Are there any extenuating circumstances why these men should not be suspended?

Secretary Fitzgerald:

For failure in payment of dues, but I don't think there are any extenuating circumstances.

Dr. Minges:

The Constitution and Administrative By-Laws prevail. Perhaps there is a feeling that we should give them more time. If someone feels so inclined, I will not voice my ideas. The success of the organization depends on the number of men in it. I don't want to do or say anything that would cause us to lose one member, so I won't make any remarks.

President Alford:

It has been the custom and I expect this year to allow thirty days for the Secretary to collect the dues.

Dr. Minges:

If that has been the custom, I make a motion that we allow the usual custom to prevail and that the Secretary be allowed thirty days to round them up.

Dr. Amos Bumgardner:

I second the motion.

President Alford:

Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." The motion is so ordered.

Shall we accept these three reports collectively?

Dr. Minges:

I move that they be accepted collectively.

Dr. Horton:

I second the motion.

President Alford:

Is there any discussion? If not, all in favor let it be known by saying "Aye." Opposed "No." It is so ordered.

Secretary Fitzgerald:

For the information of the House of Delegates, I wish to submit a financial statement. It is known that a financial statement submitted today is not the one that will be published in the *Bulletin* Proceedings. The Financial Statement published in the *Bulletin* Proceedings will be the Report of the Auditor.

DAHLBERG & COMPANY

ACCOUNTANTS AND AUDITORS

Fayetteville, North Carolina

June 19, 1940

TO THE OFFICERS OF
NORTH CAROLINA DENTAL SOCIETY

Gentlemen:

We have examined the books of Account and Record of Paul Fitzgerald, Greenville, North Carolina, for the period beginning June 1, 1939 and ending May 31, 1940, and submit herewith a statement of Receipts and Disbursements for the period, together with a Reconciliation of the checking Account with Guaranty Bank and Trust Company, Greenville, North Carolina, and a Balance Sheet as at May 31, 1940.

Your particular attention is directed to our Comments and the Exhibits as shown by the Index and on the following pages.

We hereby certify that we have examined the books of Account and Record of Paul Fitzgerald, Greenville, North Carolina, Secretary and Treasurer of the North Carolina Dental Society, for the period beginning June 1, 1939 and ending May 31, 1940, and that in our opinion, based upon the Records examined and information obtained by us and comments thereon, the accompanying Statement of Receipts and Disbursements for the period, and the Balance Sheet as at the date named are correct.

Yours very truly,

DAHLBERG AND COMPANY,

By B. F. Dahlberg.

C O M M E N T S

GENERAL. In verifying the Statement of Receipts and Disbursements, we traced all recorded receipts into the Bank Account. Disbursements were audited in detail and were found to be supported by properly receipted invoices and canceled checks.

Remittance reports from all District Secretaries were checked and found to be in agreement with the books of the State Treasurer.

Payments to National Association Headquarters were verified by comparison with receipts furnished by that organization.

The Bank Account was reconciled by us and each canceled check was inspected with reference to signatures and endorsements and were found to be in order. Our reconciliation of the Bank Account will be found on Page 5.

United States Treasury Baby Bonds in the amount of \$3,750 were not available for inspection. We were informed that they are held under supervision of the entire Executive Committee.

A comparison of Total Receipts, Expense Disbursements, and Net Gain or Loss for the Fiscal years 1937 to 1940 inclusive is as follows:

<i>Years</i>	<i>Receipts</i>	<i>Expense Disbursements</i>	<i>Net Gain or (Loss)</i>
1937	\$ 5,895.82	\$ 4,916.21	\$ 979.61
1938	6,060.03	5,760.00	300.03
1939	5,827.50	4,768.34	1,059.16
1940	5,821.00	6,458.90	(637.90)
Totals	<u>\$23,604.35</u>	<u>\$21,903.45</u>	<u>\$ 1,700.90</u>

Net Loss for the current year is principally accounted for by the expenditure of \$1,283.75 in connection with the publication of a history of the North Carolina Dental Society, distribution of which is handled by a special committee, the funds of which we did not audit.

The books of the Treasurer were found to be neatly and accurately kept and all recorded receipts appear to have been properly accounted for.

BALANCE SHEET

May 31, 1940

ASSETS

CASH

On Deposit—

Guaranty Bank and Trust Company, Greenville, North Carolina.....\$1,711.71

INVESTMENTS

Five—1,000 United States Treasury Baby Bonds..... 3,750.00

Total\$5,461.71

LIABILITIES AND NET WORTH

LIABILITIES

None.

NET WORTH\$5,461.71

Total\$5,461.71

RECONCILIATION OF ACCOUNT WITH GUARANTY BANK AND TRUST COMPANY GREENVILLE, NORTH CAROLINA

May 31, 1940

Balance Per Bank Statement.....\$2,331.61

Less: Outstanding Checks..... 619.90

Balance, May 31, 1940.....\$1,711.71

OUTSTANDING CHECKS

<i>Date</i>	<i>Payable to</i>	<i>Number</i>	<i>Amount</i>
5- 6-40	Dr. Olin Kirkland.....	201	\$ 55.90
5-10-40	American Dental Association.....	215	36.00
5-13-40	American Dental Association.....	216	92.00
5-13-40	American Dental Association.....	217	192.00
5-14-40	American Dental Association.....	218	84.00
5-14-40	American Dental Association.....	219	12.00
5-21-40	American Dental Association.....	222	64.00
5-24-40	American Dental Association.....	228	80.00
5-27-40	American Dental Association.....	229	4.00
Total			<u>\$619.90</u>

STATEMENT OF RECEIPTS AND DISBURSEMENTS

June 1, 1939 to May 31, 1940, Inclusive

RECEIPTS

	<i>Annual</i>	<i>Life</i>	
DISTRICT RECEIPTS—MEMBERSHIP DUES	<i>Memberships</i>	<i>Memberships</i>	<i>Totals</i>
First District	\$ 716.00	\$ 48.00	\$ 764.00
Second District	1,534.00	36.00	1,570.00
Third District	978.00	44.00	1,022.00
Fourth District	658.00	52.00	710.00
Fifth District	842.00	36.00	878.00
Total District Receipts.....	<u>\$4,728.00</u>	<u>\$ 216.00</u>	<u>\$4,944.00</u>
MISCELLANEOUS RECEIPTS			
Sale of Exhibit Space.....		\$ 845.00	
Refunds—American Dental Association.....		32.00	\$ 877.00
Total Receipts			\$5,821.00
Balance, July 1, 1939.....			2,349.61
Total Receipts and Balance.....			<u>\$8,170.61</u>

DISBURSEMENTS

American Dental Association—

Proportionate Part of Dues from Members:

Annual	\$1,904.00	
Life	216.00	\$2,120.00

EXPENSES

Salary—Editor Publisher	\$ 150.00
Salary—Secretary-Treasurer	250.00
Salaries—District Secretaries	125.00
Printing—History of North Carolina Dental Society	1,283.75
Dr. J. Martin Fleming—Relief Fund.....	200.00
Printing—1939 Proceedings	584.10
Honorarium and Expenses.....	683.43
Reporting and Secretarial Expense.....	121.45
Badges and Emblems.....	60.99
Legal Services—Flowers Case.....	424.27
Witness Cost—Flowers Case.....	22.00

Stationery—Printing and Supplies.....	\$ 67.50	
Programs, Film Rental, Signs and Placards....	68.60	
Entertainment	83.83	
Fidelity Bonds	38.75	
Auditing	25.00	
Membership Dues Refunded—Life Members....	12.00	
Floral Offerings	31.97	
Postage	55.88	
Telephone and Telegraph.....	6.30	
Banquet Guest Tickets.....	24.00	
Library Committee	16.50	
Intangible Tax	3.58	\$4,338.90
Total Disbursements		\$6,458.90
Balance, May 31, 1940, Guaranty Bank and Trust Company		1,711.71
Total Disbursements and Balance.....		<u>\$8,170.61</u>

Motion made and seconded that the report of the Secretary-Treasurer be received, to be corrected and published in the Proceedings; vote taken and carried.

President Alford:

Are there any further committees to report?

Is there any further business to come before this body? If not, a motion for adjournment is in order.

Adjournment at 1:10 P.M.

FINAL GENERAL SESSION

The final General Session of the North Carolina Dental Society convened in the Ballroom of the Hotel Charlotte, Charlotte, at 1:10 p.m. May 8, 1940, with the President, Dr. Frank Alford, presiding.

Dr. Alford:

The last session of the 66th annual meeting of the North Carolina Dental Society will please come to order.

The first matter of business to come before this body is the installation of the new President. I'll ask Dr. John McClung and Dr. Lineberger to escort the new President to the front.

Dr. Parks escorted to the platform.

President Alford:

Dr. Parks, five years ago, it was my pleasure and privilege to turn over to you the Presidency of the Second District Dental Society, for which I have never had occasion to regret. With your experience and ability, the leadership of this Society rests in good hands. I wish you all success during your term of office and at this time, I pledge to you my whole-

hearted support. It is with great pleasure that I now install you President of the North Carolina Dental Society.

Audience rises and applauds.

Dr. Parks:

Thank you, Frank.

Fellow Members of the North Carolina Dental Society:

As I accept this gavel, I do so with full realization of the responsibility which goes with it. I am fully conscious of my unworthiness, my limitations in attempting to carry on the work of the Society as it should be done. However, I pledge you the best there is in me. I ask your counsel, advice and coöperation in return. With that, a year from now we will turn it over to Dr. Poindexter a greater North Carolina Dental Society. I thank you. (Applause.)

Dr. Medlin:

I think the House of Delegates and members here should rise and give Frank Alford a hand for the wonderful service that he has contributed to the North Carolina Dental Society for the past few years.

Unanimous rise and applause.

President Parks:

Thank you, Dr. Medlin.

Dr. Alford:

Mr. President, I have had too much to say at this meeting already. I appreciate that. I have never done anything for the North Carolina Dental Society more than any other member of this organization. I think every one of us owe everything we can give to the Society to it and I have tried to do that in the past and I shall continue to try to do it. I appreciate the honor conferred upon me, not for the glory in it but for the opportunity to have served the organization and to have served in it.

President Parks:

Thank you, Frank. I know that is all true and I know you are going to stay with us.

President Parks:

I will ask Dr. Sheffield and Dr. McRae to present Dr. Poindexter, our President-elect.

President Parks:

Charlie, it gives me a great deal of pleasure to install you President-elect of the North Carolina Dental Society. I want to tell you this much—I am happy to do this, but I will be so much happier one year from now to turn this gavel over to you.

Dr. Poindexter:

I am happy to be associated with such a fine bunch of hard-working men. I will not be able to accomplish the things that they have done, but with their help and the help of you men, I will do the best I can. (Applause.)

President Parks:

I'll ask Jim Holland and Eddy Current to present Dr. Glenn Lazenby, our Vice President.

Dr. Lazenby escorted to platform.

President Parks:

Glenn, I am happy to install you as Vice President of this Society for the coming year. I am going to lean heavily on you for advice and counsel. I know you are going to help me out.

Dr. Lazenby:

I greatly appreciate this honor bestowed on me. I will at any and all times give unstintingly of my best efforts to you, Claud, and to the North Carolina Dental Society. (Applause.)

President Parks:

Thank you, Glenn.

At this time I will ask Dr. Paul Fitzgerald, our reëlected Secretary-Treasurer to stand. I think that is all that is necessary in this case. There he is.

Dr. Fitzgerald:

Two years ago at Winston-Salem you men made me, by election, Secretary-Treasurer of the North Carolina Dental Society. At that time I told you that I considered it merely an order to go to work. A year ago in Raleigh, you reëlected me Secretary-Treasurer of the North Carolina Dental Society. I said at that time that I considered that a compliment. This year, I hardly know what to say. I do wish to thank you. It has been a pleasure. It has been work and when the man says that it is not—I am reminded of the two little Negroes walking through the cemetery looking at the tomb stones and one of them read, "Not dead—just sleeping." He said, "Just sleeping—huh, he ain't foolin' nobody but his self."

Gentlemen, from the bottom of my heart I do thank you and during the coming year, I will do the very best as Secretary-Treasurer that I know how to do. (Applause.)

President Parks:

Thank you, Paul.

I will ask Glenn Lazenby and Amos Bumgardner to present Dr. Pharr, and Dr. Pridgen and Dr. Barber to present Dr. Wilbert Jackson to the front.

Dr. Pharr and Dr. Jackson escorted to the front.

President Parks:

John and Wilbert, it is a great pleasure for me to install you as the new and reëlected members of the State Board of Dental Examiners, subject to confirmation of the Governor. I know John is going to do great work just like Wilbert has for the past three years. (Applause.)

Dr. Pharr:

I don't have anything to say except to thank you for this honor. It is something new in my life. The first time I was ever on the floor of the North Carolina Dental Society was last night. I have been practicing for twenty-one years. I appreciate the trust you have in me and by the grace of God, I will serve to the best of my ability. (Applause.)

President Parks:

The next item of business is the installation of Delegates and Alternate Delegates to the American Dental Association.

Dr. Minges:

I suggest that we just rise.

President Parks:

That is fine, Clyde. The time is getting late and we are tired.

Dr. Minges, Dr. Pridgen, Dr. Hodgkin, Dr. Poindexter, and Dr. Alford. (Applause.)

Is there any further business to come before this meeting?

Secretary Fitzgerald:

Mr. President, do you wish to read your committee appointments at this time?

President Parks:

I have them ready, with the exception of some of these newer committees, about which I want to give a little more thought. I want to get a little counsel and advice from older and wiser heads than mine. If the time is not too late, I'd be glad to read the committee appointments.

COMMITTEES 1940-41

EXECUTIVE COMMITTEE

O. L. Pressnell, *Chairman*

A. S. Bumgardner

A. T. Jennette

PROGRAM-CLINIC COMMITTEE

Paul Fitzgerald, *Chairman*

J. A. Sinclair

W. R. Hinton

J. A. McClung

H. O. Lineberger

Paul Jones

ETHICS COMMITTEE

Z. L. Edwards, *Chairman*

W. E. Clark

H. C. Carr

E. G. Click

R. M. Olive

R. Fred Hunt

LEGISLATIVE COMMITTEE

Paul Jones, '41

W. K. Chapman, '43

J. N. Johnson, '42

C. C. Poindexter, '44

H. O. Lineberger, '45

RESOLUTIONS COMMITTEE

Clyde Minges, *Chairman*

J. F. Campbell

J. H. Wheeler

R. B. Harrell

Everette Smith

Darden Eure

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J. S. Betts, *Chairman*

T. A. Wilkins

Arthur Fleming

J. M. Holland

L. G. Coble

C. G. Powell

SOCIO-ECONOMICS COMMITTEE

Harry Keel, *Chairman*

O. C. Barker

J. T. Lasley

O. R. Hodgin

Howard Branch

Z. L. Edwards

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E. A. Branch, *Chairman*

J. F. Reece

Dan T. Carr

J. H. Nicholson

J. R. Edwards

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J. P. Reece

Ralph Coffey

E. M. Medlin

S. E. Moser

W. W. Rankin

J. G. Poole

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Fred Hale, *Chairman*

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W. F. Clayton

George Waynick

A. S. Cromartie

A. L. Wooten

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F. L. Hunt, *Chairman*

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Neal Sheffield

R. E. Spoon

G. L. Hooper

J. F. Duke

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J. Martin Fleming, *Chairman*

H. Royster Chamblee, <i>Secretary</i>	J. S. Spurgeon
J. S. Betts	W. T. Martin
J. H. Wheeler	W. T. Smith

COMMUNICABLE DISEASES COMMITTEE

J. R. Bell, *Chairman*

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A. C. Chamberlain, Jr.	C. E. Abernethy
Junius Smith	

A.D.A. RELIEF COMMITTEE

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A. D. Abernethy, Sr.	H. V. Murray
W. C. Taylor	L. J. Moore
J. O. Broughton	

PUBLICITY COMMITTEE

Burke Fox, *Chairman*

W. T. McFall	J. P. Jones
D. W. Holcomb	S. B. Towler
Sandy Marks	

PUBLICATIONS COMMITTEE

J. D. Kiser, *Chairman*

G. S. Abernethy	W. A. Pressley
A. P. Hartman	Carl Thomas
J. W. Branham	

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Victor Bell, *Chairman*

C. B. Yount	Alex Stanford
W. B. Sherrod	H. L. Allen
J. M. Kilpatrick	

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L. F. Bumgardner, *Chairman*

Moultrie Truluck	J. R. Fritts
Guy Masten	R. W. Brannock
O. L. Joyner	

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Paul Fitzgerald, *Chairman*

David Abernethy, Jr.	Roy McKaughan
L. R. Thompson	C. W. Sanders
James H. Smith	

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W. C. Current, *Chairman*

I. R. Self	H. E. Storey
Ralph Jarrett	T. E. Sikes
Dennis Keel	

GOLF COMMITTEE

L. M. Daniels, *Chairman*

R. R. Howes	C. D. Kistler
Fred Mendenhall	S. Robert Horton
H. K. Thompson	

MILITARY AFFAIRS COMMITTEE

H. O. Lineberger, *Chairman*

George Patterson	H. C. Carr
John Ashby	I. H. Hoyle
A. T. Jennette	

COMMITTEE ON ADULT DENTAL HEALTH EDUCATION

Frank O. Alford, *Chairman*

A. C. Current	L. M. Edwards
Olin W. Owen	R. D. Clements
Oscar Hooks	

COMMITTEE ON EDUCATION OF NEGRO DENTISTS

S. L. Bobbitt, *Chairman*

J. A. Sinclair	Dan T. Carr
Dan B. Mizell	J. Martin Fleming
M. B. Massey	

COMMITTEE ON REVISION CONSTITUTION AND BY-LAWS

D. L. Pridgen, *Chairman*

Fred Hale	Neal Sheffield
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MEMBERSHIP COMMITTEE

C. C. Poindexter, *Chairman*

W. M. Matheson	A. W. Craver
C. A. Barkley	K. L. Johnson
H. E. Nixon	

RED CROSS RELIEF COMMITTEE

C. C. Poindexter, *Chairman*

W. M. Matheson	A. W. Craver
C. A. Barkley	K. L. Johnson
H. E. Nixon	

PROFESSIONAL RELATIONS COMMITTEE

H. O. Lineberger, *Chairman*

Z. L. Edwards	J. A. McClung
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ARRANGEMENTS COMMITTEE

E. M. Medlin, *Chairman*

A. D. Barber	Paul Munsell
R. M. Olive	R. G. Wharton
W. L. McRae	

ENTERTAINMENT COMMITTEE

Marcus Smith, *Chairman*

Roy Pridgen

Reid Garrett

J. K. Hunt

C. I. Miller

L. H. Paschal

President Parks:

The Professional Relations Committee was just instituted a few weeks ago, so I am continuing that committee as is.

Now to replace, you might say, our old Military Committee, we have been requested by Dr. Alford to appoint a Military Affairs Committee. This Committee, along with those recommended improved in Dr. Alford's address—Dental Health Education Committee and Committee on Education of Negro Dentists and the Revision of the Constitution and By-Laws, I'd like to have more time to really think this thing out and put men on there that really should be there.

Is there any further business to come before this Society?

Dr. Horton:

As the Constitution provides that you should read these committees in full and in view of the fact that you want a little more time to put on them, I think this body should grant you that privilege. I make a motion to that effect.

Dr. Minges:

I second that motion.

Vote taken and carried.

President Parks:

I appreciate that. These are rather important committees and if you run in there and do a lot of appointing without serious thought, you might run into difficulties.

President Parks:

Is there any further business to come before this meeting?

Dr. Minges:

I move that we adjourn.

Motion seconded.

President Parks:

I now declare the 66th Annual Meeting of the North Carolina Dental Society adjourned to meet in Pinehurst next year.

ROSTER OF MEMBERS

FIRST DISTRICT

*A. D. Abernathy, Sr.	Granite Falls
*David Abernathy, Jr.	Hickory
*G. Shuford Abernathy	Hickory
W. R. Aiken	Asheville
L. P. Baker (Life)	King's Mountain
*O. C. Barker (Life)	Asheville
M. R. Barringer	Newton
D. L. Belvin	Charlotte
*J. G. Bennett	Hendersonville
*E. N. Biggerstaff	Spindale
*A. W. Bottoms	Canton
*W. H. Breeland	Belmont
*J. F. Campbell	Hickory
*W. W. Carpenter	Hendersonville
H. H. Carson (Life)	Hendersonville
*J. M. Cheek	Raleigh
*W. H. Chapman	Sylva
*W. E. Clark	Asheville
*A. P. Cline	Canton
*R. D. Coffey	Morganton
*E. W. Connell	Mount Holly
*D. S. Cooke	Lenoir
*D. H. Crawford	Marion
*A. C. Current	Gastonia
*William Davenport	Spruce Pine
*F. W. Davis	Asheville
J. E. Derby	Tryon
B. A. Dickson	Marion
*H. C. Dixon	Shelby
*B. C. Drum	Conover
*D. W. Dudley	Kinston
A. C. Edwards	Lawndale
*George J. Evans (Life)	Asheville
*P. R. Falls (Life)	Gastonia
*Ralph Lane Falls	Morganton
*John R. Fritz	Hickory
*H. D. Froneberger	Gastonia
*S. P. Gay	Waynesville
*H. B. Gibson	West Asheville
*E. T. Glenn	Boone
*C. J. Goodwin	Brevard
*Ben P. Grant	Franklin
*I. K. Grimes	Asheville
B. F. Hall	Asheville
C. H. Harrill	Lincolnton
*Paul E. Hedrick	Lenoir
*O. R. Hester	Hickory
*Macon Hewitt	Marion
*F. B. Hicks	Hickory
*R. C. Hicks	Shelby
*C. Highsmith	Gastonia
*Milo J. Hoffman	Asheville

*E. L. Holt.....	Murphy
*J. S. Howell.....	Morganton
*R. R. Howes.....	Forest City
*F. L. Hunt.....	Asheville
*O. R. Keith, Jr.....	Hendersonville
*A. A. Lackey.....	Fallston
O. R. Lewis.....	King's Mountain
J. B. Little (Life).....	Hickory
*N. P. Maddux (Life).....	Asheville
*J. A. Marshburn.....	Black Mountain
*W. B. Masters.....	Bakersville
*Wm. M. Matheson.....	Boone
H. M. May.....	Asheville
*N. M. Medford.....	Waynesville
*O. L. Moore.....	Lenoir
*O. S. Moore.....	Mount Holly
*Jessie Zachary Moreland.....	Highlands
*S. E. Moser.....	Gastonia
*C. S. McCall.....	Forest City
*D. E. McConnell (Life).....	Gastonia
*C. H. McCracken.....	Asheville
*W. J. McDaniel.....	Rutherfordton
*Walter T. McFall.....	Asheville
Alice Patsy McGuire.....	Sylva
Daizy Z. McGuire.....	Sylva
*Harold S. McGuire.....	Sylva
*Noracella McGuire.....	Sylva
*W. P. McGuire.....	Sylva
J. R. Osborne (Life).....	Shelby
J. M. Parker (Life).....	Asheville
*W. H. Parker.....	Valdese
George K. Patterson.....	Asheville
*C. M. Peeler (Life).....	Shelby
*Hugh S. Plaster.....	Shelby
Cecil A. Pless.....	Asheville
Arthur M. Ramsey.....	Marshall
*J. L. Raymer.....	Shelby
W. C. Raymer.....	Newton
*J. F. Reece.....	Lenoir
R. C. Rhea.....	Canton
*H. L. Robertson.....	Cliffside
L. C. Rollins.....	Canton
L. T. Russell, Jr.....	Canton
Bruce Sams.....	Mars Hill
*I. R. Self (Life).....	Lincolnton
*Ruffin Self.....	Lincolnton
*J. A. Sinclair (Life).....	Asheville
*W. M. Sloop.....	Crossnore
*George W. Smith (State B. of H.).....	Raleigh
*S. H. Steelman.....	Lincolnton
*R. R. Steinman.....	Enka
C. W. Stevens.....	Conover
*P. R. Taylor.....	Belmont
Paul Troutman.....	Hickory
*M. H. Truluck.....	Charlotte

W. J. Turbeyfill.....	Asheville
*R. C. Weaver.....	Asheville
*B. R. Webster.....	Newton
*Evans S. Wehunt.....	Cherryville
*C. T. Wells.....	Canton
J. L. West.....	Franklin
C. M. Whisnant.....	Burnsville
W. K. Whitson.....	Asheville
*F. R. Wilkins.....	Forest City
*T. A. Wilkins (Life).....	Gastonia
*P. W. Winchester.....	Morganton
*L. W. Woody.....	Spruce Pine
*P. P. Yates.....	Lenoir
W. D. Yelton.....	Hickory
*C. B. Yount.....	Hickory

SECOND DISTRICT

*G. S. Alexander.....	Kannapolis
*F. O. Alford.....	Charlotte
*T. I. Allen.....	Charlotte
*Fred Anderson.....	Winston-Salem
*Dale Arthur.....	Charlotte
*J. L. Ashby.....	Mount Airy
J. E. Banner (Life).....	Mount Airy
*Carl A. Barkley.....	Winston-Salem
*J. R. Bell.....	Charlotte
*A. M. Berryhill.....	Charlotte
*J. P. Bingham, Jr.....	Denton
*J. P. Bingham, Sr.....	Lexington
*A. R. Black.....	Charlotte
*V. A. Black.....	Charlotte
*Chas. A. Blackburn.....	Winston-Salem
*I. A. Booe.....	King
*H. L. Brooks.....	Monroe
*A. S. Bumgardner.....	Charlotte
*L. F. Bumgardner.....	Charlotte
*Robt. T. Byerly.....	Winston-Salem
*Hylton K. Crotts.....	Winston-Salem
*George K. Carter.....	Taylorsville
J. D. Carlton (Life).....	Salisbury
*R. P. Casey.....	North Wilkesboro
*Allen H. Cash.....	Winston-Salem
*A. C. Chamberlain.....	North Wilkesboro
*E. C. Choate.....	Salisbury
*E. G. Click (Life).....	Elkin
*L. C. Couch.....	Elkin
W. J. Conrad (Life).....	Winston-Salem
*Vernon H. Cox.....	Winston-Salem
*R. W. Crews.....	Thomasville
*W. Clyde Current.....	Statesville
*Joe V. Davis, Jr.....	Concord
*V. L. DeHart.....	Walnut Grove
*S. C. Duncan.....	Monroe
*R. H. Ellington.....	Salisbury
*Marven R. Evans, State Board of Health.....	Winston-Salem

*C. L. Folger.....	Dobson
*J. M. Folger.....	Dobson
*M. O. Fox.....	Elkin
*Noah D. Fox.....	Statesville
*Burke W. Fox.....	Charlotte
*J. B. Freedland.....	Charlotte
R. A. Frye.....	Pilot Mountain
*Curtis E. Furr.....	Concord
*W. D. Gibbs.....	Charlotte
*J. H. Guion.....	Charlotte
*R. B. Harrell.....	Elkin
*A. P. Hartman.....	Winston-Salem
*J. F. Hartness.....	Davidson
*F. K. Haynes (Life).....	Charlotte
*Ralph Herman.....	Taylorsville
*L. O. Herring.....	Charlotte
*Gary Heeseman.....	Charlotte
H. C. Henderson (Life).....	Charlotte
*O. R. Hodgin.....	Thomasville
*D. W. Holcomb.....	Winston-Salem
*Leslie C. Holhouser.....	Rockwell
*J. M. Holland.....	Statesville
*R. H. Holliday.....	Thomasville
*H. H. Houck.....	Charlotte
*P. C. Hull.....	Charlotte
R. Nat Hunt.....	Wadesboro
*Wm. A. Ingram.....	Monroe
*Ralph F. Jarrett.....	Charlotte
H. C. Jent.....	Winston-Salem
*Floyd G. Johnson.....	Lexington
*O. L. Joyner.....	Kernersville
*H. L. Keel.....	Winston-Salem
J. L. Keerans.....	Charlotte
*C. C. Keiger (Life).....	Charlotte
*V. B. Kendrick.....	Charlotte
*Z. V. Kendrick.....	Charlotte
*W. L. Kibler.....	Charlotte
*O. B. Kirby.....	Charlotte
*F. W. Kirk.....	Salisbury
*J. D. Kiser.....	Charlotte
*A. R. Kistler.....	Monroe
*G. L. Krueger.....	Charlotte
*G. A. Lazenby.....	Statesville
*Edwin W. Lipe.....	Kannapolis
*W. C. Logan.....	Winston-Salem
*J. A. McClung (Life).....	Winston-Salem
J. G. Marler (Life).....	Yadkinville
*E. L. Martin.....	Statesville
*Guy M. Masten.....	Winston-Salem
*R. Philip Melvin.....	Winston-Salem
*F. C. Mendenhall.....	Winston-Salem
*D. B. Mizell.....	Charlotte
*D. O. Montgomery.....	Statesville
E. D. Moore.....	Charlotte

*Paul Moorefield.....	Mount Airy
*E. Brown Morgan.....	Kannapolis
Rosebud Morse Garriott.....	East Bend
T. Duke Morse.....	Winston-Salem
J. M. Neel (Life)	Salisbury
*Thomas G. Nisbit.....	Charlotte
*J. H. Nicholson.....	Statesville
*Eva Carter Nissen.....	Winston-Salem
Otis Oliver.....	Mount Airy
*Olin W. Owens.....	Charlotte
*Henry C. Parker.....	Charlotte
*C. M. Parks.....	Winston-Salem
*J. Hugh Parks.....	Kannapolis
*R. M. Patterson.....	Concord
*F. N. Pegg.....	Kernersville
*J. C. Pennington.....	Thomasville
R. E. Petree.....	Charlotte
*John R. Pharr.....	Charlotte
Harold E. Plaster.....	Winston-Salem
*A. J. Pringle, Jr.....	Lawsonville
*J. P. Reece.....	Concord
*Edgar H. Reich.....	Winston-Salem
R. L. Reynolds.....	Lexington
*Grady L. Ross.....	Charlotte
*Heywood Ross.....	Charlotte
*Ralph Schumaker.....	Charlotte
W. N. Scruggs.....	Charlotte
*J. R. Secrest.....	Winston-Salem
*W. A. Secrest.....	Winston-Salem
*W. B. Sherrod.....	Winston-Salem
*R. R. Shoaf.....	Lexington
C. F. Smithson (Life).....	Charlotte
*Wade Sowers.....	Lexington
*R. E. Spoon.....	Winston-Salem
*H. E. Story.....	Charlotte
*S. H. Strawn.....	Marshville
*Carolyn Taylor.....	North Wilkesboro
*C. F. Taylor.....	Charlotte
*L. A. Taylor.....	Winston-Salem
*Louis E. Taylor.....	Charlotte
*W. C. Taylor (Life).....	Salisbury
*Harold W. Thompson.....	China Grove
*Lee Roy Thompson.....	Winston-Salem
*C. L. Thomas.....	Mount Airy
*F. N. Tomlinson.....	Winston-Salem
*L. P. Trivette.....	Mooresville
*M. L. Troutman.....	Kannapolis
R. D. Tuttle.....	Winston-Salem
*Chas. H. Wadsworth.....	Concord
*Bernard N. Walker.....	Charlotte
*L. E. Wall.....	Charlotte
*D. T. Waller.....	Charlotte
*J. C. Watkins (Life).....	Winston-Salem
*G. E. Waynick.....	Winston-Salem
*Italy M. Waynick.....	Winston-Salem

*B. H. Webster.....	Charlotte
*W. P. Weeks.....	Charlotte
*C. D. Wheeler.....	Salisbury
*T. P. Williamson.....	Charlotte
*G. W. Yokley.....	Winston-Salem
K. M. Yokley.....	Winston-Salem
*J. W. Zimmerman (Life).....	Salisbury

THIRD DISTRICT

*C. A. Adams, Jr.....	Durham
P. Y. Adams.....	High Point
*T. W. Atwood.....	Durham
*J. S. Betts (Life).....	Greensboro
W. W. Bowling.....	Durham
*J. D. Bradsher.....	Roxboro
*R. W. Brannock.....	Burlington
*Luther H. Butler.....	Greensboro
*Fred S. Caddell.....	Graham
*Daniel T. Carr.....	Durham
*H. C. Carr.....	Durham
*James N. Caudle.....	Greensboro
*I. C. Clark.....	Mebane
R. R. Clark.....	Chapel Hill
*W. F. Clayton (Life).....	High Point
*L. G. Coble (Life).....	Greensboro
*J. C. Crank.....	Greensboro
*A. W. Craver.....	Greensboro
*L. M. Daniels.....	Southern Pines
*L. M. Edwards.....	Durham
*J. H. Ellerbee.....	Rockingham
*D. H. Erwin.....	Greensboro
R. M. Farrell (Life).....	Pittsboro
*W. I. Farrell.....	Troy
H. K. Foster.....	Greensboro
*L. M. Foushee, Jr.....	Burlington
*J. S. Frost.....	Burlington
*C. A. Graham.....	Ramseur
R. T. Garrett.....	Rockingham
*F. E. Gilliam.....	Burlington
J. N. Hester.....	Reidsville
*W. R. Hinton.....	Greensboro
R. H. Holden.....	Durham
*J. E. Holt.....	Greensboro
*J. H. Hughes.....	Roxboro
J. P. Jones.....	Chapel Hill
A. H. Johnson.....	Greensboro
*C. D. Johnson, Jr.....	Elon College
*George F. Kirkland.....	Durham
*H. A. Karesh.....	Greensboro
G. E. Kirkman.....	Greensboro
*C. D. Kistler.....	Randleman
*J. T. Lasley.....	Greensboro
C. T. Lipscomb (Life).....	Greensboro
*D. K. Lockhart (Life).....	Durham
B. R. Long.....	Greensboro

*H. S. Long.....	Graham
*R. E. Long.....	Roxboro
*C. W. McAnally.....	Madison
*S. H. McCall.....	Troy
A. A. McDuffie.....	Candor
*W. R. McKaughan.....	High Point
*Robert E. Masten.....	Greensboro
J. R. Meador.....	Reidsville
*E. M. Medlin.....	Aberdeen
*C. I. Miller.....	Albemarle
J. B. Milliken.....	Siler City
J. W. Mitchell.....	Greensboro
*H. L. Monk, Jr.....	Durham
*H. W. Moore.....	Hillsboro
J. S. Moore.....	Reidsville
*Paul L. Munsell.....	Hamlet
*Henry V. Murray.....	Burlington
W. F. Mustin.....	Durham
Walter Neal.....	Liberty
*J. B. Newman.....	Burlington
*R. T. Nichols (Life).....	Rockingham
*L. G. Page.....	Yanceyville
*H. M. Patterson.....	Burlington
*H. R. Pearman.....	Asheboro
D. R. Pitts.....	High Point
*John E. Pleasants.....	Chapel Hill
*C. C. Poindexter.....	Greensboro
*E. F. Pope.....	Albemarle
*O. L. Presnell.....	Asheboro
*Wm. A. Pressly, Jr.....	Greensboro
A. P. Reade.....	Durham
*A. L. Richardson.....	Leaksville
R. E. Richardson.....	Buena Vista, Virginia
*Norman F. Ross.....	Durham
G. R. Salisbury.....	Asheboro
*J. C. Senter.....	Albemarle
E. W. Shackelford (Life).....	Durham
*S. W. Shaffer.....	Greensboro
B. B. Shamburger (Life).....	Star
*Neal Sheffield.....	Greensboro
*T. E. Sikes.....	Greensboro
*J. S. Spurgeon (Life).....	Hillsboro
*A. R. Stanford.....	Greensboro
*C. N. Stone.....	Greensboro
*F. M. Stonestreet.....	Albemarle
*John Swain (Life).....	Asheboro
*C. H. Teague.....	Greensboro
E. R. Teague.....	Reidsville
J. T. Thomas.....	Greensboro
E. A. Troxler.....	Greensboro
J. T. Underwood.....	Durham
*R. L. Underwood.....	Greensboro
*R. G. Wharton.....	Sanatorium
C. M. Wheeler.....	Greensboro
*J. H. Wheeler (Life).....	Greensboro

*P. B. Whittington.....	Greensboro
*R. A. Wilkins.....	Burlington
B. W. Williamson.....	Hamlet
*J. F. Williamson.....	Wadesboro
*F. S. Woody.....	Roxboro
G. N. Yates.....	Durham
*L. H. Zimmerman.....	High Point
*L. R. Zimmerman.....	High Point
*T. R. Zimmerman.....	High Point

FOURTH DISTRICT

*C. E. Abernathy.....	Raleigh
*H. L. Allen.....	Henderson
*R. T. Allen (Life).....	Lumberton
*B. L. Aycock.....	Princeton
*C. D. Bain (Life).....	Dunn
*Victor E. Bell.....	Raleigh
*E. D. Baker.....	Raleigh
*A. D. Barber.....	Sanford
J. B. Bardin.....	Chadbourn
R. M. Blackman.....	Selma
C. A. Blalock.....	Wendell
*S. L. Bobbitt.....	Raleigh
*E. A. Branch.....	Raleigh
*W. Howard Branch.....	Raleigh
*J. W. Branham.....	Raleigh
E. H. Broughton.....	Raleigh
*C. H. Bryan.....	Apex
J. K. Bryan.....	Oxford
T. P. Bullard.....	Roseboro
*Robert Byrd.....	Raleigh
N. G. Carroll.....	Raleigh
W. E. Campbell, State Hospital.....	Raleigh
*H. R. Chamblee.....	Raleigh
*R. D. Clements.....	Raleigh
J. F. Coltrane.....	Zebulon
H. Evans Coleman.....	Warrenton
*A. S. Cromartie (Life).....	Fayetteville
I. H. Davis (Life).....	Oxford
George E. Dennis.....	Raleigh
*J. R. Edwards.....	Fuquay Springs
*Paisley Fields (Life).....	Fairmont
*S. J. Finch.....	Oxford
*A. H. Fleming (Life).....	Louisburg
*J. Martin Fleming (Life).....	Raleigh
C. G. Fuquay.....	Coats
J. M. Gardner.....	Gibson
Reed T. Goe.....	Raleigh
*R. F. Graham.....	Rowland
*L. G. Hair (Life).....	Fayetteville
*G. F. Hale.....	Raleigh
*Paul T. Harrell.....	Wake Forest
N. T. Holland (Life).....	Clayton
*G. L. Hooper.....	Dunn
*S. R. Horton (Life).....	Raleigh

*I. H. Hoyle.....	Henderson
*J. K. Hunt.....	Jonesboro
E. W. Hunter.....	Sanford
Thomas M. Hunter.....	Henderson
*Wilbert Jackson.....	Clinton
*J. A. Jernigan.....	Dunn
Charles B. Johnson.....	Concord
J. C. Johnson, State Hospital.....	Raleigh
*K. L. Johnson.....	Raleigh
*M. L. Johnson.....	Whiteville
*Marvin T. Jones.....	Apex
*R. S. Jones.....	Warrenton
*J. H. Judd (Life).....	Fayetteville
*E. N. Lawrence.....	Raleigh
E. G. Lee.....	Clinton
*H. O. Lineberger (Life).....	Raleigh
Kemp Lindsey.....	Fayetteville
*W. T. Martin (Life).....	Raleigh
L. M. Massey.....	Zebulon
*W. J. Massey, Jr.....	Smithfield
*L. J. Moore.....	St. Pauls
*F. W. McCracken (Life).....	Sanford
S. R. McKay.....	Lillington
*W. L. McRae.....	Red Springs
*R. M. Olive (Life).....	Fayetteville
*Lawrence H. Paschal.....	Fayetteville
*P. L. Pearson.....	Apex
*Anton A. Phillips.....	Raleigh
Samuel J. Potts.....	Chadbourn
*D. L. Pridgen.....	Fayetteville
*J. M. Pringle.....	Elizabethtown
*W. W. Rankin.....	Raleigh
Raymond R. Renfrow.....	Whiteville
*C. W. Sanders.....	Benson
*E. L. Smith.....	Raleigh
*Marcus R. Smith.....	Raeford
D. T. Smithwick.....	Louisburg
*J. E. Swindell.....	Raleigh
W. W. Taylor.....	Warrenton
*J. J. Tew.....	Clayton
*M. F. Townsend.....	Lumberton
*S. Byron Towler.....	Raleigh
*R. A. Turlington (Life).....	Clinton
*D. A. Underwood.....	Greenville
*M. A. Waddell.....	Fair Bluff
*S. R. Watson (Life).....	Henderson
*J. W. Whitehead.....	Smithfield
DeWitt C. Woodall.....	Erwin
W. F. Yates.....	Chadbourn
*T. L. Young.....	Raleigh

FIFTH DISTRICT

Sidney V. Allen.....	Wilmington
*Vernon M. Barnes.....	Wilson
M. D. Bissett.....	Wilson

A. B. Bland.....	Wallace
A. C. Bone.....	Rocky Mount
Dewey Boseman.....	Wilson
J. O. Broughton.....	Wilmington
J. W. Brown.....	Rich Square
*H. E. Butler.....	Elizabeth City
J. P. Butler.....	Farmville
J. D. Carlton (Life).....	Rocky Mount
F. G. Chamblee.....	Spring Hope
Harvey W. Civils.....	New Bern
Fred H. Coleman.....	Wilmington
R. C. Daniels.....	Southport
*R. A. Daniels.....	Roanoke Rapids
J. H. Dreher (Life).....	Wilmington
*J. F. Duke.....	Washington
*L. J. Dupree.....	Kinston
*A. C. Early.....	Aulander
C. D. Eatman.....	Rocky Mount
*E. L. Eatman.....	Rocky Mount
*J. R. Edmundson (Life).....	Wilson
*H. A. Edwards.....	Pink Hill
*Z. L. Edwards.....	Washington
Darden J. Eure.....	Morehead City
*Paul Fitzgerald.....	Greenville
Marcus Alton Garriss.....	Weldon
C. H. Geddies.....	Goldsboro
E. C. Grady.....	Elm City
Wallace S. Griffin.....	Edenton
*Arthur Gollobin.....	Elizabeth City
W. L. Hand.....	New Bern
*Guy V. Harris.....	Belhaven
M. M. Harris.....	Elizabeth City
*W. I. Hart.....	Edenton
*Oscar Hooks (Life).....	Wilson
*R. F. Hunt.....	Rocky Mount
C. L. Hutchinson.....	Bethel
M. E. Herman.....	Enfield
*A. T. Jennette.....	Washington
*B. McK. Johnson.....	Greenville
C. B. Johnson.....	New Bern
*J. N. Johnson (Life).....	Goldsboro
Wade H. Johnson.....	Plymouth
*Paul E. Jones (Life).....	Farmville
*Dennis F. Keel.....	Farmville
*J. M. Kilpatrick.....	Robersonville
E. T. Koonce.....	Kinston
*C. G. Lancaster.....	Windsor
*A. R. Mallard.....	Goldsboro
S. E. Malone (Life).....	Goldsboro
*Sandy C. Marks.....	Wilmington
M. B. Massey.....	Greenville
W. C. Mercer.....	Williamston
*Leslie J. Meredith (Life).....	Wilmington
*Clyde E. Minges.....	Rocky Mount
*Carl N. Moore.....	Wilmington

*B. R. Morrison.....	Wilmington
W. E. Murphrey.....	Roanoke Rapids
*Coyte R. Minges.....	Rocky Mount
*H. E. Nixon.....	Elizabeth City
*G. L. Overman.....	Goldsboro
*William Parker.....	Elizabeth City
Gates McKaughan.....	Lumberton
Z. V. Parker.....	New Bern
Guy E. Pigford.....	Wilmington
*J. G. Poole.....	Kinston
*S. D. Poole.....	Goldsboro
*C. G. Powell.....	Ahoskie
Jordan B. Powell, Jr.....	Ahoskie
G. W. Price.....	Kinston
*W. T. Ralph.....	Belhaven
C. R. Riddick.....	Ayden
Alfred M. Schultz.....	Greenville
*James H. Smith.....	Wilmington
*Junius C. Smith.....	Wilmington
W. T. Smith (Life).....	Wilmington
Thos. W. Smithson.....	Rocky Mount
*Herbert Spear.....	Kinston
J. L. Spencer.....	Williamston
J. W. Stanley (Life).....	Wilmington
E. W. Tatum.....	Mount Olive
C. A. Thomas.....	Wilmington
*Horace K. Thompson.....	Wilmington
*Robert Lee Tomlinson.....	Wilson
*R. S. Turlington.....	Goldsboro
*J. V. Turner.....	Wilson
*L. R. Turner.....	Jacksonville
*S. J. Ward.....	Greenville
W. J. Ward.....	Weldon
W. M. Ward.....	Roanoke Rapids
E. R. Warren.....	Warsaw
Ramsey Weatherbee.....	Wilmington
H. E. Weeks.....	Tarboro
J. Frank West.....	Roanoke Rapids
A. P. Whitehead.....	Rocky Mount
*R. L. Whitehurst.....	Rocky Mount
*R. E. Williams.....	Goldsboro
O. L. Wilson.....	Kinston
W. L. Woodward.....	Beaufort
*A. L. Wooten.....	Wilson
*Dan Wright.....	Greenville
J. Hugh Yelverton (Life).....	Wilson
*W. H. Young.....	Burgaw
J. W. Zachary.....	Hertford
Cedric Vollers Ziberlin.....	Wallace
*G. B. F. Traylor.....	Wilmington

* Indicates members registered at the Sixty-Sixth Annual Meeting, Charlotte, N. C., May 6, 7, 8, 1940.

(Life) Life members, by virtue of having paid dues for twenty-five consecutive years.

DENTISTS LICENSED TO PRACTICE IN NORTH CAROLINA AT THE
OFFICIAL EXAMINATION HELD JUNE, 1940

Dr. A. B. Schriver.....	Baltimore, Md.
Dr. E. Newton Smith.....	Clarkton
Dr. Grover M. Davis.....	Waynesville
Dr. Charles Z. Candler, Jr.....	Sylva
Dr. Gerald F. Almond.....	Andrews
Dr. T. K. Darrough, Jr.....	Asheville
Dr. Hugh M. Hunsucker.....	Newton
Dr. A. L. Harris.....	Wilmington
Dr. Howard X. Bowling.....	Durham
Dr. DeLeon Wells, Jr.....	Wallace
Dr. Charles R. Helsabeck.....	Rural Hall
Dr. M. Melvin Lilly.....	Gatesville
Dr. James A. McIntosh.....	Winston-Salem
Dr. David M. Tuttle.....	Winston-Salem
Dr. Clinton B. Taylor.....	Hendersonville
Dr. Roy G. Adams.....	Hamlet
Dr. Ross Pringle.....	Greensboro
Dr. Charles W. McCall.....	Forest City
Dr. J. Clyde Gibson.....	Gibson
Dr. C. A. Parker.....	Casar
Dr. Francis H. Biddell.....	Pembroke
Dr. Eugene N. Shapiro.....	Spartanburg, S. C.
Dr. Earl R. Nichols.....	Durham
Dr. George H. Carroll.....	Louisville, Ky.
Dr. M. Everett Newton.....	Henderson
Dr. Robert L. Paisley.....	Mouth of Wilson, Va.
Dr. Richard L. Eagles.....	Fountain
Dr. J. V. Turner.....	Wilson
Dr. William Y. League.....	Richmond, Va.
Dr. Robert E. Miles.....	Richmond, Va.
Dr. Maceo L. Brown (Negro).....	New York City
Dr. Steve Garrett.....	Atlanta, Ga.

INACTIVE LIST

H. R. Cromartie.....	Raeford
L. V. Henderson.....	Virginia
J. S. Hoffman.....	Charlotte
E. B. Howle.....	Raleigh
J. H. Ihrie.....	Wendell
W. F. Jones.....	North Wilkesboro
W. F. Maderis.....	Charlotte
L. H. Mann.....	Asheville
C. B. Mott.....	Morganton
J. A. Oldham.....	Wilmington
P. L. Pearson.....	Apex
Ralph Ray.....	Gastonia
B. C. Taylor.....	Landis
J. E. L. Thomas.....	Tarboro

PRESIDENTS OF THE SOCIETY SINCE ITS ORGANIZATION

1875-76.....	*B. F. Arrington	1908-09.....	F. L. Hunt
1876-77.....	*V. E. Turner	1909-10.....	J. C. Watkins
1877-78.....	*J. W. Hunter	1910-11.....	A. H. Fleming
1878-79.....	*E. L. Hunter	1911-12.....	*P. E. Horton
1879-80.....	*D. E. Everett	1912-13.....	*R. G. Sherrill
1880-81.....	*Isaiah Simpson	1913-14.....	C. F. Smithson
1881-82.....	*M. A. Bland	1914-15.....	J. A. Sinclair
1882-83.....	*J. F. Griffith	1915-16.....	I. H. Davis
1883-84.....	*W. H. Hoffman	1916-17.....	*R. O. Apple
1884-85.....	*J. H. Durham	1917-18.....	*R. M. Squires
1885-86.....	*J. E. Matthews	1918-19.....	J. N. Johnson
1886-87.....	*B. H. Douglas	1919-20.....	W. T. Martin
1887-88.....	*T. M. Hunter	1920-21.....	J. H. Judd
1888-89.....	*V. E. Turner	1921-22.....	*W. M. Robey
1889-90.....	*S. P. Hilliard	1922-23.....	S. R. Horton
1890-91.....	*H. C. Herring	1923-24.....	*R. M. Morrow
1891-92.....	*C. L. Alexander	1924-25.....	J. A. McClung
1892-93.....	*F. S. Harris	1925-26.....	H. O. Lineberger
1893-94.....	*C. A. Rominger	1926-27.....	B. F. Hall
1894-95.....	*H. D. Harper	1927-28.....	E. B. Howle
1895-96.....	*R. H. Jones	1928-29.....	I. R. Self
1896-97.....	*J. E. Wyche	1929-30.....	J. H. Wheeler
1897-98.....	*H. V. Horton	1930-31.....	Paul E. Jones
1898-99.....	C. W. Banner	1931-32.....	Dennis Keel
1899-1900.....	*A. C. Liverman	1932-33.....	Wilbert Jackson
1900-01.....	*E. J. Tucker	1933-34.....	Ernest A. Branch
1901-02.....	J. S. Spurgeon	1934-35.....	L. M. Edwards
1902-03.....	*J. H. Benton	1935-36.....	Z. L. Edwards
1903-04.....	J. M. Fleming	1936-37.....	D. L. Pridgen
1904-05.....	*W. B. Ramsey	1937-38.....	J. F. Reece
1905-06.....	J. S. Betts	1938-39.....	G. Fred Hale
1906-07.....	J. R. Osborne	1939-40.....	F. O. Alford
1907-08.....	*D. L. James	1940-41.....	C. M. Parks

* Deceased.

HONORARY MEMBERS

Ames, J. W.....	Smithfield, Va.
Armin, S. S.....	Richmond, Va.
Austin, J. L.....	Chattanooga, Tenn.
Baker, Stanley.....	Greenwood, S. C.
Ball, Edward L.....	Cincinnati, Ohio
Bear, Harry.....	Richmond, Va.
Bland, C. A.....	Charlotte, N. C.
Bogle, R. B.....	Nashville, Tenn.
Byrnes, R. R.....	Atlanta, Ga.
Callahan, P. E.....	McRae, Ga.
Cannon, Claude C.....	Fayette, Ala.
Cason, W. L.....	Athens, Ga.
Collins, Clara C.....	Atlanta, Ga.
Cooper, George M.....	Raleigh, N. C.
Cuthbertson, C. W.....	Washington, D. C.

Dale, J. A.....	Nashville, Tenn.
Dunning, W. B.....	New York, N. Y.
Eby, Joseph D.....	54 East 62nd St., New York City
Foster, S. W.....	Atlanta, Ga.
Garrett, Steve A.....	Atlanta, Ga.
Goldberg, E. H.....	Bennettsville, S. C.
Gorman, J. A.....	New Orleans, La.
Gurley, Webb B.....	Richmond, Va.
Hardin, W. R.....	Atlanta, Ga.
Harrison, Guy R.....	Richmond, Va.
Hartzell, Thomas B.....	Minneapolis, Minn.
Hill, Thomas J.....	Cleveland, Ohio
Hoffer, Carl W.....	Nashville, Tenn.
Howard, Clinton C.....	Atlanta, Ga.
Howe, Percy R.....	Boston, Mass.
Huff, M. D.....	Atlanta, Ga.
Jasper, E. A.....	St. Louis, Mo.
Jennings, G. A. C.....	Richmond, Va.
Jeserich, Paul D.....	Ann Arbor, Mich.
Johnson, H. H.....	Macon, Ga.
Kelsey, H. L.....	Baltimore, Md.
King, Otto U.....	Chicago, Ill.
Kirkland, Olin.....	Montgomery, Ala.
Kracke, Roy R.....	Emory University, Atlanta, Ga.
Lambert, W. E.....	Atlanta, Ga.
Lanier, William D.....	Oteen, N. C.
Lynch, Daniel F.....	Washington, D. C.
Maves, T. W.....	Minneapolis, Minn.
Malone, R. W.....	U. S. Navy
McCollum, E. V.....	Baltimore, Md.
Mead, Sterling V.....	Washington, D. C.
Merritt, Arthur H.....	New York, N. Y.
Milner, H. A.....	Aiken, S. C.
Moore, S. W.....	Baltimore, Md.
Neil, Ewell.....	Nashville, Tenn.
Netherlands, Frank.....	Asheville, N. C.
Nodine, Alonzo M.....	London
Paffenbarger, Geo. C.....	Washington, D. C.
Price, Weston.....	Cleveland, Ohio
Quattlebaum, E. G.....	Columbia, S. C.
Rickert, U. G.....	Ann Arbor, Mich.
Robinson, J. Ben.....	Baltimore, Md.
Ruhl, J. P.....	New York City
Russell, A. Y.....	Baltimore, Md.
Rutledge, B.....	Florence, S. C.
Sears, Andy W.....	Jacksonville, Fla.
Sears, Victor H.....	New York City
Sexton, Roy L.....	Washington, D. C.
Sheffield, L. Langdon.....	Toledo, Ohio
Simpson, R. L.....	Richmond, Va.
Summerman, D. H.....	Philadelphia, Pa.
Smith, A. E.....	Chicago, Ill.
Spratley, W. W.....	Richmond, Va.
Sprau, Robert L.....	Louisville, Ky.
Star, E. L.....	Philadelphia, Pa.

Stevenson, Albert H.....	New York City
Stewart, H. T.....	New York City
Stone, A. E.....	Philadelphia, Pa.
Strickland, A. C.....	Anderson, S. C.
Sturdivant, R. E.....	Atlanta, Ga.
Tench, R. W.....	New York City
Thompson, Webb.....	Spartanburg, S. C.
Tileson, H. B.....	Louisville, Ky.
Tuller, Charles S.....	New Orleans, La.
Turner, C. R.....	Philadelphia, Pa.
Visanska, S. A.....	Atlanta, Ga.
Vonderlehr, R. A.....	Washington, D. C.
Wash, A. M.....	Richmond, Va.
Whitaker, J. D.....	Indianapolis, Ind.
White, J. A.....	Williamston, N. C.
Williams, Herbert Ely.....	Red Bank, N. J.
Wooding, C. E.....	Winston-Salem, N. C.
Wright, John B.....	Raleigh, N. C.
Wright, Walter H.....	Pittsburgh, Pa.

